MARYLAND 7195

. 07187

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills, Md. X
LENGTH OF STAY (in this place): 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School Owings Mills, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 3 yo 1-4
STREET ADDRESS (If rural, give location): 2628 Park Heights Terrace ✓

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) - (Last) Abrams

4. DATE OF DEATH: (Month) 8 (Day) 23 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11/28/09

9. AGE last birthday: 44 yrs. — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U/SA

13. FATHER'S NAME: Abraham Abrams

14. MOTHER'S MAIDEN NAME: Menke, Sarah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

351x

Immediate cause (a) Bilateral Pneumonia — Interval Between Onset and Death: 5 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Spastic Quadruplegia — 1 year

(c) MONGOLIAN IDIOT — Life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/29/ ..., 1940.., to 8/23/54, 19....., that I last saw the deceased alive on 8/23/54, 19....., and that death occurred at 8:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hildegarde Heard Kennedy Physician Owings Mills, Maryland. 8/24/54

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE: 8/24/54 — NAME OF CEMETERY OR CREMATORY: Beth Zorael — LOCATION (City, town, or county) (State): Baltimore, Md

DATE REC'D BY LOCAL REG. 8-24-54 — REGISTRAR'S SIGNATURE: a w [illegible]

24. FUNERAL DIRECTOR — ADDRESS: Sol. Levinson Bros - 1124-26 W North Ave

MARGIN RESERVED FOR BINDING

Item 9 FilmG169 9-7-54 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07289

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chase X
STREET ADDRESS (If rural, give location) Rt 5 6 - Minnie Brandon Rd

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) (Last) Allender
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1954
5. SEX: Fem.
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.
8. DATE OF BIRTH: Dec 22 1902
9. AGE last birthday: 51 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Brady Frances Cooper
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Preston
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S ADDRESS: Nannie Allender

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion DUE TO — Interval Between Onset and Death: Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Cardiac Vascular Disease DUE TO — Several Years
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 29 1954 11 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W M Clarence M. D. M. D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ ☑
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept. 1, 54
NAME OF CEMETERY OR CREMATORY Sharp St. Cem.
LOCATION (City, town, or county) Chase (State) Md.
DATE REC'D BY LOCAL REG. 8-30-54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Mrs. Robt. A. Elliott & Dgtr.
ADDRESS 1129 N. Caroline St.

VS. A15A - 5 - 53

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7197 MARYLAND STATE DEPARTMENT OF HEALTH 07188

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Balto
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shadyside Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 1313 Patapsco Ave

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) M (Last) Amlacher

4. DATE OF DEATH: (Month) Aug (Day) 27 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept 27 1888

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: Keyless Dept Store

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Adolph Amlacher

14. MOTHER'S MAIDEN NAME: Maria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Rev. Norman D Marks 4017 Eight St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Breast (left) — Interval between onset and death: 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metatases to lungs — 1 week

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 23, 1954, to Aug 27, 1954, that I last saw the deceased alive on Aug 23, 1954, and that death occurred at 1:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Helen Langrath MD 1228 S Charles St. Baltimore Md Aug 28, 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 30 1954 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): A. A Co Md

DATE REC'D BY LOCAL REG.: 8-30-54 — REGISTRAR'S SIGNATURE: Geo Herbert Deer

24. FUNERAL DIRECTOR: A. Howard Evans — ADDRESS: 14 W S Charles St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07189

7198 CERTIFICATE OF DEATH Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD; LENGTH OF STAY (in this place) 356 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY PHILADELPHIA; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PHILADELPHIA; STREET ADDRESS (If rural give location) 3709 HAMILTON STREET

3. NAME OF DECEASED: (First) JAMES (Middle) J. (Last) BAILEY

4. DATE OF DEATH: (Month) AUGUST (Day) 7 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: 6-8-14

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAB DRIVER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MAHANOY CITY, PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JAMES BAILEY

14. MOTHER'S MAIDEN NAME: MARGARET BOYLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 163-10-6814

17. INFORMANT & ADDRESS: CLIN. REC., VET. ADM. HOSPITAL, FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 X

IMMEDIATE CAUSE (A) PULMONARY TUBERCULOSIS, FAR ADVANCED — INTERVAL BETWEEN ONSET AND DEATH: 3 YEARS

ANTECEDENT CAUSE (B) BRONCHO-PLEURO-CUTANEOUS FISTULA, LEFT — 6 MONTHS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2-8-54

19B. MAJOR FINDINGS OF OPERATION: Pneumonectomy - left - Tuberculosis, left lung

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from AUG. 16, 1953 to AUG. 7, 1954, and that death occurred at 4:00A M, from the causes and on the date stated above.

SIGNATURE Caridad E. Gonzalez — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 8-7-54

CARIDAD E. GONZALEZ, M.D. M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL — DATE THEREOF 8-12-54 — NAME OF CEMETERY OR CREMATORY Beverly Natl. — LOCATION (City, town, or county) (State) Beverly, N.J.

DATE REC'D BY LOCAL REGISTRAR 8-9-54 — REGISTRAR'S SIGNATURE A. W. Hutchins

24. FUNERAL DIRECTOR HOWARD BLIGHT FUNERAL HOME — ADDRESS 6009 HARFORD ROAD, BALTIMORE 14, MD. Howard Blight

SHIPPED TO: THOS. E. ROCHE & SON FUNERAL HOME 59th & CEDAR AVENUE, PHILADELPHIA 4, PA.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Item 18 Film G170 9-17-54 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07190

: 7199

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) LUTHERSVILLE MD. | LENGTH OF STAY (in this place) 1YR. 10MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE. MD.
STREET ADDRESS (If rural give location) 03X-1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HENRY (Last) BAKER.

4. DATE OF DEATH: (Month) 8 (Day) 27 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: Nov. 24-1869 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): BANKER | 10b. KIND OF BUSINESS OR INDUSTRY: BANKER. | 11. BIRTHPLACE (State or foreign country): BuckeysTown. MD. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WM. G. BAKER.

14. MOTHER'S MAIDEN NAME: SUSAN E. JONES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Joseph H. D. BAKER. JR.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

141.8

Immediate cause (a) Carcinomatosis, Primary site not known.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular dis

19a. DATE OF OPERATION: 0 | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 20, 1954, to Aug 27, 1954, that I last saw the deceased alive on Aug 20, 1954, and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) George A. Watson, M.D. | ADDRESS 1101 St. Paul St. Baltimore, Md. | DATE SIGNED Aug 27

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 8/30/1954 | NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY | LOCATION (City, town, or county) FREDERICK. | (State) MD.

DATE REC'D BY LOCAL REGISTRAR Aug. 27, 1954 | REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR C. E. CLINE & SON | ADDRESS FREDERICK MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1954
BUREAU V. S.

MARYLAND 7200 STATE DEPARTMENT OF HEALTH 07191

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO - MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RIDGEWAY MANOR

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 29 FLAGSHIP Rd.

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) JANE (Last) BAKER

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED

8. DATE OF BIRTH: 8-7-1872

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOSIAH MOSSFIELD

14. MOTHER'S MAIDEN NAME: MARY HIGHFIELD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL THROMBOSIS

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ASCVD.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... ., 19....., to ....., 19. .., that I last saw the deceased alive on 8-12, 19 54 and that death occurred at ..... m.; from the causes and on the date stated above.

SIGNATURE (Degree or title) N. L. Hauck Jr. ADDRESS 926 Eastern Av. Catonsville 8-13 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-16-54	BETHEL CEM.	KITTANNING, PENNA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/16/54	V. E. Harry	Wells Burke Bradley	Dundalk Md

MARGIN RESERVED FOR BINDING

07192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7201

CERTIFICATE OF DEATH

Reg. Dist. No. 43

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kenwood | LENGTH OF STAY (In this place): 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4419 Kenwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kenwood
STREET ADDRESS (If rural, give location): 4419 Kenwood Ave

3. NAME OF DECEASED (Type or Print): (First) Stanley (Middle) (Last) Bambach

4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 21 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmist

10b. KIND OF BUSINESS OR INDUSTRY: Drug Store

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas BAMBACH.

14. MOTHER'S MAIDEN NAME: Christana Rapp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: 218321127

17. INFORMANT AND ADDRESS: Lulu M. Bambach 4419 Kenwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY ARTERY THROMBOSIS — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) CORONARY ARTERIOSCLEROSIS — 3 YRS +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. GENERALIZED ARTERIOSCLEROSIS — 10 YRS +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 1954, to 8-20, 1954, that I last saw the deceased alive on 8-18, 1954, and that death occurred at 10:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M.D. 6331 Belair Rd Balto (6) Md 8/21/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 23-54 | NAME OF CEMETERY OR CREMATORY: Moreland Park Cem. | LOCATION (City, town, or county) (State): Taylor Ave Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 8-23-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Riggs Bro. 7110 Belair Rd

2 7202

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07193

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 1 1/2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 401 NORMANDY AVE
BALTO, 29, MD

3. NAME OF DECEASED: (First) SARAH (Middle) A. (Last) BARNETT
(Type or Print)

4. DATE OF DEATH: (Month) 8-16-54 (Day) (Year) 19

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH: 8-16-1874
9. AGE last birthday 80 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.
10B. KIND OF BUSINESS OR INDUSTRY: O.H.
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS SANDERS
14. MOTHER'S MAIDEN NAME: LOUISA WILLIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: 401 NORMANDY AVE.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE
(A) MYOCARDIAL INFARCTION

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO
(B) ASCVD with coronary
DUE TO,
(C) insufficiency and/pulmonary edema

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. generalized cerebral arteriosclerosis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8-, 1954, to 8-16-, 1954, that I last saw the deceased alive on 8-16-, 1954, and that death occurred at 5130 M, from the causes and on the date stated above.

SIGNATURE Harold E Edwards M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 8-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	AUG. 18/54	MT. OLIVET	BALTIMORE MD.

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE K W Helm
24. FUNERAL DIRECTOR Harry H. Wuttle ADDRESS 4101 EDMONDSON AVE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08161

7203

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE WRITE PLAINLY IN UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. - MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print) Lottie Barthlow

2. DATE OF DEATH Aug. 30, 1954

3. PLACE OF DEATH: A ~~Baltimore City~~ Maryland Catonsville, Md.

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spring Grove State Hospital Catonsville

c. Length of stay in ~~Baltimore~~ Catonsville 2 yrs 2 mos 10 days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A STATE Maryland B. COUNTY Baltimore City
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D STREET ADDRESS (If rural, give location) 1122 W. Lombard St.

5 SEX Female | 6 COLOR OR RACE White | 7 SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8 DATE OF BIRTH Unknown | 9. AGE (In years last birthday) 82 | If Under 1 Year: Months, Days | If Under 24 Hours: Hours, Min.

10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Unknown | 12 CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Irving C Jones

14. MOTHER'S MAIDEN NAME Virginia Hart

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No. | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO Unknown

17 INFORMANT Hospital Record | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST

(B) Arteriosclerotic heart disease — unknown (1+ yrs) years

DUE TO

(C) Diabetes mellitus — years

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION | 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED | IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II | 20. AUTOPSY? YES ☒ NO ☐

21B. TIME OF INJURY (Month) (Day) (Year) (Hour) m | 21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1954 to Aug 30, 1954 that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 7:35 P m., from the causes and on the date stated above.

23A. SIGNATURE John P. Risley M.D. | 23B. ADDRESS Spring Grove State Hospital Catonsville | 23C. DATE SIGNED Aug 30, 1954

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE Sept 10 54 | 24C. NAME OF CEMETERY OR CREMATORY St Peters. | 24D. LOCATION (City, town or county) (State) Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR 9/10/54 | REGISTRAR'S SIGNATURE G W Hedrick | 25. FUNERAL DIRECTOR Crook Inc | ADDRESS 1317 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7204 CERTIFICATE OF DEATH

07194

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 66 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 515 Allegheny Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson.
STREET ADDRESS (If rural give location) 515 Allegheny Ave.

3. NAME OF DECEASED: (First) William (Middle) Henry (Last) Bayne
4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 27 July 1879
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Florist helper
10b. KIND OF BUSINESS OR INDUSTRY: Floral Bus.
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Olivier Henry Bayne
14. MOTHER'S MAIDEN NAME: Harriet Boblitze

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 217-14-1593
17. INFORMANT & ADDRESS: Daughter (Francis Harriet Powell) Same addr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
44 Immediate cause	(a) Acute Myocardial failure (? infarction)	45 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Massive Pulmonary Embolis	45 min.
	(c) DUE TO Hypertensive C.V.D. & Aur. fibrillation	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic congestive failure. Hypertensive Chd.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) —
(COUNTY) —
(STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ,19 53 to 28 August , 19 54, that I last saw the deceased alive on 25 Aug , 19 54, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robt. A. Abraham, M.D. 111 Allegheny Ave Towson 4 Md 8/30/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Sept. 1, 1954
NAME OF CEMETERY OR CREMATORY Prospect Hill
LOCATION (City, town, or county) (State) Towson Md

DATE REC'D BY LOCAL REGISTRAR Aug. 30, 1954
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Lodge
ADDRESS 610 York Rd Towson 4

7205

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 07195

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HARRISONVILLE
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN HARRISONVILLE
STREET ADDRESS (If rural, give location) Liberty Rd

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) THOMAS (Last) BLAIR

4. DATE OF DEATH (Month) 8 (Day) 9 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED | 8. DATE OF BIRTH: May 26 1879 | 9. AGE last birthday: 75 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer for self | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Baltimore Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph F. Blair | 14. MOTHER'S MAIDEN NAME: Rose Doran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unk.) no (If Yes, give war or dates of service) no | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT & ADDRESS: Anna E. Blair

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary artery Disease — Interval Between Onset and Death: 5 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none.

19a. DATE OF OPERATION: none. | 19b. MAJOR FINDING OF OPERATION: none. | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY none. | 21c. (City or town) none. (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. none. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Taylor M. D. | CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ | DATE SIGNED 8-10-'54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/12/54 | NAME OF CEMETERY OR CREMATORY Holy Family | LOCATION (City, town, or county) (State) Harrisonville Md

DATE REC'D BY LOCAL REG. 8-12-54 | REGISTRAR'S SIGNATURE Mary B. Blair | 24. FUNERAL DIRECTOR Francis H. Purnell | ADDRESS Pikesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

AUG 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07196

7206 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 Thornhill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 22 Thornhill Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPHINE (Middle) B. (Last) BLEY

4. DATE OF DEATH: (Month) August (Day) 10, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 13, 1903

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Botzler

14. MOTHER'S MAIDEN NAME: Catherine Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: George L. Bley, Sr., 22 Thornhill Road, Towson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 20 Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Arteio Sclerosis — 8 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1938, to 10 Aug., 1954, that I last saw the deceased alive on 10 Aug., 1954, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Charles H. Reis M.D 6701 York Rd Balto 12 Md 10aug54

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF 8/12/54 — NAME OF CEMETERY OR CREMATORY Parkwood Cemetery — LOCATION (City, town, or county) Parkville, (State) Maryland

DATE REC'D BY LOCAL REG. 8-11-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul Street

Boineau

7207

07197

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 5537 Willys Ave.

3. NAME OF DECEASED (Type or Print) (First) WILFRED (Middle) H. (Last) BOINEAU

4. DATE OF DEATH (Month) 8 (Day) 24 (Year) 1954

5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Aug. 11, 1897 | 9. AGE last birthday 57 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | 11. BIRTHPLACE (State or foreign country) South Carolina | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George P. Boineau | 14. MOTHER'S MAIDEN NAME Esther Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 718-12-9947 | 17. INFORMANT AND ADDRESS Mrs. Birdie E. Boineau - 5537 Willys Ave. Arbutus, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis + Sclerosis	1 hr.
	(c) Chr. Hypertensive Cardio-Vascular Disease	8 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis + Chr. Bronchitis. 10 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4 ....., 1950., to 8-24 ....., 1954., that I last saw the deceased alive on 8-24 ....., 1954, and that death occurred at 11:45 P m., from the causes and on the date stated above.

SIGNATURE Wilmer R. Gallaway (Degree or title) M.D. ADDRESS Catonsville 28, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 8/27/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8-26-54 | REGISTRAR'S SIGNATURE A. W. Hadrick | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Baltimore 17, Md.

JST

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07198

7208 CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson St. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural give location) 243 Main Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Bowman

4. DATE OF DEATH: (Month) August (Day) 20 (Year) 19 54

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7/3/1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 1 Days 17 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Francis E. Bowman

14. MOTHER'S MAIDEN NAME: Rosa Logue

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS. 5705 Simmonds Ave. Baltimore 15, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pulmonary Tuberculosis; Far Advanced — INTERVAL BETWEEN ONSET AND DEATH: Approx. 9 mos.

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-17, 1954, to 8-20, 1954 that I last saw the deceased alive on 8-20, 1954, and that death occurred at 4:50 PM, from the causes and on the date stated above.

SIGNATURE William Newcomer M.D. ADDRESS Mt. Wilson, Md. DATE SIGNED 8/20/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8-23-54

NAME OF CEMETERY OR CREMATORY: Finksburg Cemetery

LOCATION (City, town, or county) (State): Finksburg, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8/20/54

REGISTRAR'S SIGNATURE: Helen M. Kerr

24. FUNERAL DIRECTOR: J.F. Eline and Sons ADDRESS: Reisterstown

SEP 1
WOLFAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07199

7209 **CERTIFICATE OF DEATH** Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Baltimore
LENGTH OF STAY (in this place) 8 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 97 Dunkirk Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Baltimore
STREET ADDRESS (If rural give location) 97 Dunkirk Road

3. NAME OF DECEASED: (First) Agnes (Middle) A. (Last) Brauer (Type or Print)

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH. Dec. 21, 1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Devine

14. MOTHER'S MAIDEN NAME: ? ? ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: none

17. INFORMANT & ADDRESS: Mrs Joseph Salafia 97 Dunkirk Rd.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE	(A) Carcinomatosis	6 mos
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Carcinoma, body of uterus	2 yrs
	DUE TO	
	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1954, to Aug 17, 1954, that I last saw the deceased alive on Aug 14, 1954, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE Frederick J. Vollmer M.D. ADDRESS 6100 York Rd DATE SIGNED Aug 18, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Aug. 20, 1954 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-19-54 | REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Baltimore St

7210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08171

CERTIFICATE OF DEATH

Reg. Dist. No. 3

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 103 Locust Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Co. Md
STREET ADDRESS (If rural, give location) 103 Locust Drive

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) R. (Last) Brescia

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 15-1903

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Balto Co. Employee

10b. KIND OF BUSINESS OR INDUSTRY: Clerks office Towson Md

11. BIRTHPLACE (State or foreign country): Balto City Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Koerber

14. MOTHER'S MAIDEN NAME: Barbara Koenig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr Antonio M. Brescia 103 Locust Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) — Acute Coronary Thrombosis — Interval between onset and death: ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Art. Sclerosis — 6 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 22, 1954, to Aug. 22, 1954, that I last saw the deceased alive on Mar. 22, 1954, and that death occurred at 7.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

James A. Miller M.D. — 1331 Reist Rd. Pikesville-8, Md — 8/23/54

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 8/24/54 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 8/25/54 — REGISTRAR'S SIGNATURE: Wm. E. Hunter

24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07200

7211

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5921 Old Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 5921 Old Frederick Road

3. NAME OF DECEASED: (Type or Print) (First) Mattie (Middle) J. (Last) Brooks

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 22, 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 11-10-1875

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Howard

14. MOTHER'S MAIDEN NAME: Frances Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): /

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Ella Butler 1327 Argyle Av.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Mitral Insufficiency — Interval between onset and death: 4 mo. 18 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) Hypertensive Cardiac Disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6/54, to 8-22-54, that I last saw the deceased alive on 8-22-54, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE: C J Maloney — (DEGREE OR TITLE) MD — ADDRESS: 57 Winterslane Catonsville — DATE SIGNED: 8/23/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-25-54 — NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cem — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8-24-54 — REGISTRAR'S SIGNATURE: A. W. Redmond — FUNERAL DIRECTOR: Mrs Frances A Hemsley — ADDRESS: 58 W Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07201

7212 CERTIFICATE OF DEATH Reg. Dist. No. 4K

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 75 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) 12 Kirby Lane

3. NAME OF DECEASED: (Type or Print) (First) FERDINAND (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/7/9[illegible]

9. AGE last birthday: 5[illegible] yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility Man

10B. KIND OF BUSINESS OR INDUSTRY: Naval Academy

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Brown

14. MOTHER'S MAIDEN NAME: Carrie Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HYPERTENSIVE ARTERIOSCLEROTIC CARDIO[illegible] — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) (B) [illegible] VASCULAR DISEASE GANGREME, LEFT LEG — 1 MONTH

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) [illegible] ARTERIOSCLEROSIS, GENERALIZED — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DIABETES MELLITUS — UNKNOWN

19A. DATE OF OPERATION: 6/15/54

19B. MAJOR FINDINGS OF OPERATION: Above Knee Amputation Right Leg

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from May 27, 1954, to Aug. 10, 1954, [illegible] and that death occurred at 2:55 AM, from the causes and on the date stated above.

SIGNATURE F. G. Dickey ADDRESS DATE SIGNED

FRANCIS G. DICKEY, M.D., Chief, Medical Service. VAH, Fort Howard, Maryland 8-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-13-54

NAME OF CEMETERY OR CREMATORY Annapolis National

LOCATION (City, town, or county) (State) Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-10-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS William Reese Funeral Home, 108 Washington Street Annapolis, Maryland

VS. A15—10-5

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND 7213 07202

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 313 Pontiac Avenue

3. NAME OF DECEASED (Type or Print) (First) RAYMOND (Middle) J. (Last) BROWN

4. DATE OF DEATH (Month) August (Day) 26, (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 1-21-91

9. AGE last birthday 63 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic

10b. KIND OF BUSINESS OR INDUSTRY Automobile

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George C. Brown

14. MOTHER'S MAIDEN NAME Clara Kincaid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF THE SIGMOID COLON — UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from July 30, 1954, to Aug. 26, 1954, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM B. VANDEGRIFT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-27-54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8.30.54 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery LOCATION (City, town, or county) (State) Anne Arundel County, Md.

DATE REC'D BY LOCAL REG. 8-30-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS McCully Funeral Home 237 Patapsco Avenue, Baltimore 25, Md.

MARGIN RESERVED FOR BINDING

07203

MARYLAND 7214 STATE DEPARTMETT OF HEALT

CERTIFICATE OF DEATH Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton; MARYLAND LENGTH OF STAY (In this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1004 Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton; STREET ADDRESS (If rural, give location) Reisterstown Road

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Adam (Last) Bucklit

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 195[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 29 1901

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hr: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Bucklit

14. MOTHER'S MAIDEN NAME: Annie Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 213-05-9780

17. INFORMANT AND ADDRESS: Mr. Donald Bucklit, 3512 St. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary thrombosis — Interval between onset and death: 1 day

Antecedent cause(s) (b) Congestive Heart Failure — 2 days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: C

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 30, 19 54, to Aug 30, 19 54, that I last saw the deceased alive on Aug 30, 19 54 and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE Clarence E McCullough (Degree or title) ADDRESS [illegible] Maryland DATE SIGNED August 30 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 9-3-1954

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H. Howard Strong ADDRESS 3207 W. North Ave

7215

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07204

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS 9037 Simms Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — STREET ADDRESS (If rural, give location) 9037 Simms Ave.

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) L. (Last) BURGAN

4. DATE OF DEATH: (Month) August (Day) 20th, (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 17, 1875

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Coffee Co.

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas G. Burgan

14. MOTHER'S MAIDEN NAME: CarolineBurgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-09-4367

17. INFORMANT AND ADDRESS: Mrs. E. L. Burgan, 9037 Simms Ave., Balto.6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension Arteriosclerotic Heart Disease	30 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9 1952, to 8/20 1954, that I last saw the deceased alive on 8/20 1954, and that death occurred at 7 45 a.m., from the causes and on the date stated above.

SIGNATURE W. Sundelavin (Degree or title) ADDRESS 7809 Belair Rd DATE SIGNED 9-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF 8/23/54 — NAME OF CEMETERY OR CREMATORY: Moreland Memorial — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 8 23 54 — REGISTRAR'S SIGNATURE Dr W. G. Hammett

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS 7401 Belair Rd.

FW 457

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7216 CERTIFICATE OF DEATH

07205

Reg. Dist. No. 28

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore - 12 MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Baltimore 12
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 423 Regester

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 423 Regester Ave. Zone 12

3. NAME OF DECEASED: (Type or Print) (First) Lila (Middle) Alice (Last) Buzick

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 19. 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Tell Gable

14. MOTHER'S MAIDEN NAME: Annie Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Henry Hickman 45 Dunkirk Rd. Balto.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Decompensative Cardio Vascular Disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerosis

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950, to Aug. 30., 1954, that I last saw the deceased alive on Aug 30., 1954, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE Laurence C. Tosh (Degree or title) M.D. ADDRESS 6805 York Rd DATE SIGNED 8/31/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Sept 1 1954 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REGISTRAR 8-31-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR H.M. Jenkins ADDRESS 4905 York Rd

7217

07206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. William Michel

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2610 Poplar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 2610 Poplar Drive

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Fuller (Last) Carter

4. DATE OF DEATH: (Month) August (Day) 9, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 18, 1899

9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Public Schools

11. BIRTHPLACE (State or foreign country): Frostburg, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Henry Fuller

14. MOTHER'S MAIDEN NAME: Mary Alice Sherry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Hilton W. Welkos 2610 Poplar Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Carcinomatosis	2 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of rectum	3 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to August 9, 1954, that I last saw the deceased alive on August 8, 1954, and that death occurred at 5.00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm Michel M.D. — ADDRESS: 1015 Poplar Grove St. — DATE SIGNED: Aug. 9, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 11, 1954 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG.: 8-9-54 — REGISTRAR'S SIGNATURE: A.W Heinecke

24. FUNERAL DIRECTOR — ADDRESS: John O. Mitchell & Sons 1900 Eutaw Place

7218

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 07207

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
MARYLAND
LENGTH OF STAY (in this place) 34 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2138 Druid Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) HUBERT (Middle) LEE (Last) CHADWICK

4. DATE OF DEATH: (Month) August (Day) 12 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3/6/24

9. AGE last birthday: 30 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Truck

11. BIRTHPLACE (State or foreign country): Beaufort, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Chadwick

14. MOTHER'S MAIDEN NAME: Caroline (Chadwick) Branch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes
(If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 243-22-4949

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC MYELOID LEUKEMIA

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1954, to Aug. 12, 1954, and that death occurred at 6:25 AM, from the causes and on the date stated above.

SIGNATURE F. G. Dickey ADDRESS VA DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service D. VAH, FORT HOWARD, MARYLAND 8-12-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-16-54
NAME OF CEMETERY OR CREMATORY Arbutus Memorial Cemetery
LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 8-13-54
REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS
Charles R. Law Funeral Home
802 Madison Ave., Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18. 07208

7219 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) 4 mo 16 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 2119 Longwood St

3. NAME OF DECEASED: (First) Euphamia (Middle) M (Last) Claridge

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1954

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widd

8. DATE OF BIRTH: 10-2 1867

9. AGE last birthday 86 yrs. IF UNDER 1 YEAR: Months; Days; IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME. Silas S. Forsythe

14. MOTHER'S MAIDEN NAME Henrietta Blomenfelt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. unk

17. INFORMANT & ADDRESS: Spring Grove State Hosp Catonsville, Balto 28, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (B) DUE TO with regional and general metastasis — 4 yrs —

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerotic C-V. disease — yrs

19A. DATE OF OPERATION. 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg, etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 18 1954, to Aug 4, 1954 that I last saw the deceased alive on Aug 4, 1954, and that death occurred at 11 21/4 M, from the causes and on the date stated above.

SIGNATURE Edgar B. Hemmeter-Brown MD M. D. ADDRESS Spring Grove State Hosp Catonsville Md 28 DATE SIGNED Aug 4-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 8-7-1954; NAME OF CEMETERY OR CREMATORY Greenmount; LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-5-54; REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR C. Howard Strong ADDRESS 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07209 S.1

7220 CERTIFICATE OF DEATH

Reg. Dist. No. .. ....

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL CATONSVILLE
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5743 EDMONDSON AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL CATONSVILLE, MD.
STREET ADDRESS (If rural give location) 5743 EDMONDSON AVE.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) S (Last) CLARK Miss

4. DATE OF DEATH: (Month) 8 (Day) 28 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify).

8. DATE OF BIRTH: 9-2-1879

9. AGE last birthday: 74 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN H. STOKES

14. MOTHER'S MAIDEN NAME: ELIZ. ZIEGLER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: MR. SAMUEL STOKES ANNAPOLIS MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ASCVD & FAILURE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) SENILE ARTERIOSCLEROSIS DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-22, 19 54 to 8-26, 19 54, that I last saw the deceased alive on 8-26, 1954, and that death occurred at 5:14 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 7216 LIBERTY RD. DATE SIGNED 8-28-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 8/31/54 | NAME OF CEMETERY OR CREMATORY St. Annes | LOCATION (City, town, or county) (State) ANNAPOLIS MD

DATE REC'D BY LOCAL REGISTRAR August 30, 1954 | REGISTRAR'S SIGNATURE V. E. Harvey

24. FUNERAL DIRECTOR John M. Taylor & Sons | ADDRESS Annapolis

VS. A15—10-52

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

REC
SEP 3
BUREAU V. S.

Film G169, Item 8, 8-24-54, ert

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07210

7221

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

Dr. C. Holmes Boyd

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Stoneleigh

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa Bellona Ave. & Midhurst Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21201-4

STREET ADDRESS (If rural, give location) 117 Tunbridge Road

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Luella	Dolefield	Cleaveland	August 18, 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Female	White	widowed	Aug. 29, 1869	85 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Maryland	U. S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Alexander Y. Dolefield	Emma Kroh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No			Rentzell D. Cleaveland 6 Cotswold Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis - left	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis Hypertension	15 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 9, 1949, to Aug. 18, 1954 that I last saw the deceased alive on Aug. 17, 1954, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
C. Holmes Boyd	M. D.	24 E. Eager Street	Aug. 18, 1954

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 20, 1954	Druid Ridge Cemetery	Pikesville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/19/54	[signature]	John O. Mitchell & Sons	1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7222 CERTIFICATE OF DEATH

07211

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Villa 6400 Bellona Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4700 Springdale Ave.

3. NAME OF DECEASED: (Type or Print) (First) Augusta (Middle) Blanche (Last) Corkran

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 13, 1859
9. AGE last birthday: 95 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Benjamin W. Corkran
14. MOTHER'S MAIDEN NAME: Augusta Hiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)
17. INFORMANT & ADDRESS: Mrs. B. Warren Corkran 3908 N. Charles St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular disease

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) old age.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4/54, to 8/26/54, that I last saw the deceased alive on 8/26/54, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE M. K. Quinn (DEGREE OR TITLE) M.D. ADDRESS York Rd. Timonium Md. DATE SIGNED 8/27/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 28, 1954
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Frederick Ave. Balto. Md.

DATE REC'D BY LOCAL REG. 8-27-54
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John A. Mitchell & Sons Inc.
ADDRESS 1900 Eutaw Place

51

7223 MARYLAND STATE DEPARTMENT OF HEALTH

07212

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longreen — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kane Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Longreen
STREET ADDRESS (If rural, give location) Kane Road

3. NAME OF DECEASED (Type or Print): (First) Angline (Middle) Harvey (Last) Cromwell

4. DATE OF DEATH: (Month) (Day) (Year) Aug 15, 1954

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-22-1876

9. AGE last birthday: 77 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Quickley

14. MOTHER'S MAIDEN NAME: Agnes Mears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Margaret LeVere Longgreen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 1 wk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arter Selerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1954, to ....., 19....., that I last saw the deceased alive on Aug 15, 1954, and that death occurred at 9.30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr J Edw Talbot — ADDRESS Glenarm Md — DATE SIGNED Aug 16 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8-19-54 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cem — LOCATION (City, town, or county) (State): Longgreen Balto., Co., Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. Francis A. Hennessy — ADDRESS: Biddle St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1224

Reg. Dist. No. 07213 32

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Wilson Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) W. Wilson Lane

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Elmer (Last) Crudden

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug 18-1853

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Decorating - Self

10B. KIND OF BUSINESS OR INDUSTRY: Painting

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Crudden

14. MOTHER'S MAIDEN NAME: Mary Fraske

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 218-32-2347

17. INFORMANT & ADDRESS: Wm J. Crudden - Stevenson, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Ruptured Aneurism of Abdominal Aorta — Interval between onset and death: Instant

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic Cardiovascular disease — Interval between onset and death: years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/51, 19 7, to 8/7, 1954, that I last saw the deceased alive on 8/6, 1954, and that death occurred at 3 30 A.M., from the causes and on the date stated above.

SIGNATURE Arlyn H. Wood M.D. ADDRESS 5501 St. Paul St. DATE SIGNED 8/7/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-9-54 — NAME OF CEMETERY OR CREMATORY Lorraine — LOCATION (City, town, or county) (State) Balto, Md

DATE REC'D BY LOCAL REGISTRAR 8-9-54 — REGISTRAR'S SIGNATURE C. W Heiman — 24. FUNERAL DIRECTOR Frank H. Newell — ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07214

7225 CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 3022 WINDSOR AVENUE

3. NAME OF DECEASED: (Type or Print) (First) DENNIS (Middle) (NMI) (Last) CUNNINGHAM

4. DATE OF DEATH: (Month) AUGUST (Day) 2, (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: 7-3-97

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): UNEMPLOYED

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): THOMASVILLE, NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DONNIE CUNNINGHAM

14. MOTHER'S MAIDEN NAME: MAMIE CHAMBERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.,FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from JULY 31, 19 54, to AUGUST 2 19 54, and that death occurred at 7:30A M, from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-3-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-5-54 — REGISTRAR'S SIGNATURE A. W. Yeomans

24. FUNERAL DIRECTOR AND ADDRESS HEMSLEY FUNERAL HOME 578 W. BIDDLE ST. BALTIMORE, MARYLAND

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 07215

7226

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY: BALTO. CO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE — LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 106 SANFORD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
STREET ADDRESS (If rural give location): 106 SANFORD AVE.

3. NAME OF DECEASED: (Type or Print) (First) ALEXANDER (Middle) F. (Last) DE FONTES

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 54 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/23/71

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Silversmith

10b. KIND OF BUSINESS OR INDUSTRY: Stieff Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: FRANK DE FONTES

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-10-5613

17. INFORMANT & ADDRESS: Alexander de Fontes Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) DUE TO: Myocardial infarction

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO:

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1926, 19[illegible], to 25, 19 54, that I last saw the deceased alive on 54, 19 54, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE [illegible] — (Degree or title) — ADDRESS [illegible] — DATE SIGNED 8-25-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 8/27/54 — **NAME OF CEMETERY OR CREMATORY:** Cathedral — **LOCATION** (City, town, or county) (State): Balto, Md.

DATE REC'D BY LOCAL REGISTRAR: 8/26/54 — REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Mat Nabb & Son — ADDRESS: Catonsville 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3[illegible]
BUREAU V. S.

7189 MARYLAND STATE DEPARTMENT OF HEALTH 07216

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7921 WISE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 7921 WISE AVE

3. NAME OF DECEASED (Type or Print): (First) LAWRENCE (Middle) M. (Last) DE HAVEN

4. DATE OF DEATH: (Month) AUG (Day) 20 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOV 26-1896

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BOILER FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SAMUEL DE HAVEN

14. MOTHER'S MAIDEN NAME: IDA E. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service): W.W.I

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS DORA DEHAVEN 7921 WISE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Hypertensive Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Aug., 1954, that I last saw the deceased alive on June, 1954, and that death occurred at 11 m., from the causes and on the date stated above.

SIGNATURE: Robert Gordon (Degree or title) MD ADDRESS 2900 Denmar Rd DATE SIGNED Aug 24, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: AUG 23-1954

NAME OF CEMETERY OR CREMATORY: WOOD LAWN

LOCATION (City, town, or county) (State): WOOD LAWN MD

DATE REC'D BY LOCAL REG.: Aug 21-1954

REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: ULRICH FUNERAL HOME ADDRESS 4210 DUNDALK

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07217

7227 CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (in this place): 33 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7506 Seven Mile Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural give location): 7506 Seven Mile Lane

3. NAME OF DECEASED: (First) Fannie (Middle) T. (Last) Dell

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 24, 1865

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Robert Irwin

14. MOTHER'S MAIDEN NAME: Savilla Trine

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: Mrs. Ruth Dell 7506 Seven Mile Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-vascular Disease DUE TO — Interval Between Onset And Death: 3 years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile dementia Malnutrition

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/, 1953, to 8/24, 1954, that I last saw the deceased alive on 8/24, 1954, and that death occurred at 4.05 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. E. Martin M.D. ADDRESS Randallstown DATE SIGNED 8/26/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 27, 1954 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-26-54 REGISTRAR'S SIGNATURE A. W. Hedrick JST

24. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road
Horace F. Burgee

7228 **MARYLAND STATE DEPARTMENT OF HEALTH** 07218

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 348 STILLWATER AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX; STREET ADDRESS (If rural, give location) 348 STILLWATER AVE.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) RUFUS (Last) DEMARTIN

4. DATE OF DEATH: (Month) AUGUST (Day) 17TH (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APR 13, 1899

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: BETH. STEEL CO

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: ANDREW DEMARTIN

14. MOTHER'S MAIDEN NAME: ELIZABETH HAMBY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORD WAR I

16. SOCIAL SECURITY NO. 213-07-0355

17. INFORMANT AND ADDRESS: IDA V. DEMARTIN SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: ?

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension — 10 yrs

(c) Congestive Failure — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to Aug. 17, 1954, that I last saw the deceased alive on Aug. 10, 1954, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harry B. Anthony M.D. 405 E. 33rd St. Balto. 24 Md. 8-20-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 8-20-54

NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM

LOCATION (City, town, or county) (State): 7401 GERMAN HILL RD. MD.

DATE REC'D BY LOCAL REG. 8-19-54

REGISTRAR'S SIGNATURE: Edw. Hodnett

24. FUNERAL DIRECTOR: Charles J. Feiler

ADDRESS: 901 S. CONKLING ST. BALTO, 24, MD.

[illegible]
[illegible]

7229

MARYLAND STATE DEPARTMENT OF HEALTH

07219

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-8

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (In this place) 18 DAYS; HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home, 812 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE; STREET ADDRESS (If rural, give location) 532 EAST NORTH AVE.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) Deveraux

4. DATE OF DEATH: (Month) Aug. (Day) 14, (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: unknown

9. AGE Last birthday: 97 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James P. Deveraux

14. MOTHER'S MAIDEN NAME: Elizabeth Crane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: May B. Moran, 5805 Hillen Rd. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio Sclerotic cardio vascular disease — Interval Between Onset and Death: 10 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1, 1954, to August 15, 1954, that I last saw the deceased alive on August 15, 1954, and that death occurred at 12 A. M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Philip D. Lyon, M.D. Physician — ADDRESS: 11 E. Chase Street — DATE SIGNED: August 16, 1954

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: Aug. 17, 1954 — NAME OF CEMETERY OR CREMATORY: Cathedral Cemetery, — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8-17-54 — REGISTRAR'S SIGNATURE: Alw Heckert Deputy — 24. FUNERAL DIRECTOR: M. Liston Widefield — ADDRESS: 501 E. 22nd. St. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07220

7230 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 20 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Manfund
STREET ADDRESS (If rural give location) 6305 Pine Hurst St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) J. C. (Last) Dickey.

4. DATE OF DEATH: (Month) Aug. (Day) 10 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: Dec. 25, 1876 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10B. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Harold Dickey
14. MOTHER'S MAIDEN NAME: Elizabeth Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Onn Raley 6305 Pine Hurst Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) 1) Senility. c Generalized Arteriosclerosis
ANTECEDENT CAUSE (B) DUE TO 2) Myocardial Degeneration,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO 3) Latent Diabetes Mellitis.
(C) 4) Gangrene, Right Foot.
5) Pulmonary Inflammation, R.U.L. (Tbc?).

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1954, to Aug 10, 1954, that I last saw the deceased alive on Aug 10, 1954, and that death occurred at 9 P.M., from the causes and on the date stated above.
SIGNATURE Spring Grove Hospital by J.H. Drury M.D. ADDRESS Catonsville, Md DATE SIGNED 8/10/54.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/13/1954 | NAME OF CEMETERY OR CREMATORY Greenmount | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-11-54 | REGISTRAR'S SIGNATURE R W Hedrick | 24. FUNERAL DIRECTOR Wm J. Tichnell & Sons - No. 1 Pa. Ave. | ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7334 CERTIFICATE OF DEATH

Reg. Dist. No. 0725

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Brooklyn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2013 Summit Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn
STREET ADDRESS (If rural give location) 2013 Summit Avenue

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) John (Last) DUFFY

4. DATE OF DEATH: (Month) Aug (Day) 14 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 31, 1888	65 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Chauffer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Duffy

14. MOTHER'S MAIDEN NAME: Anna M. Theilen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-05-4526

17. INFORMANT & ADDRESS: Eleasnora Duffy 2013 Summit Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular disease — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) / SUICIDE / HOMICIDE

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1954, to Aug. 14, 1954, that I last saw the deceased alive on Aug. 14, 1954, and that death occurred at 8:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward Baumgardner MD ADDRESS Bel 06 DATE SIGNED Aug 8/14/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 18, 1954 — NAME OF CEMETERY OR CREMATORY Holy Redeemer — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-16-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Lilly & Zeiler Inc., 403 S. Wolfe St. — ADDRESS

7231 MARYLAND STATE DEPARTMENT OF HEALTH

08197

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE — LENGTH OF STAY (In this place) SINCE 7/11/54
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1518 BATTERY AVE

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CAROLINA		DULANEY	AUG.	26	1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	W	WIDOWED	AUG. 20, 1881	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	—	BALTIMORE	U.S.A.

13. FATHER'S NAME Christian Lockhart — 14. MOTHER'S MAIDEN NAME MARY LACY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO		—	HOSP. RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) FRACTURE LEFT HUMERUS	8/2/54
	(c) DIABETES	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		CATONSVILLE	BALT.	MD

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
8 - 2 - 54 m.		FELL

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D. D. Caples	Deputy Md. Exam. M.D.	Reisterstown, Md.	8-26-54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8-30-54	Cedar Hill	Balto.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-30-54	Wm. Hebert	Wm. L. Lee	1130 E. Fort Ave.

7232 MARYLAND STATE DEPARTMENT OF HEALTH 07222

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 SEMINOLE AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE; STREET ADDRESS (If rural, give location) 17 SEMINOLE AVE

3. NAME OF DECEASED (Type or Print): (First) EDGAR (Middle) (Last) ELLIS

4. DATE OF DEATH: (Month) AUG. (Day) 16 (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: OCT. 30, 1885

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIBRARIAN

10b. KIND OF BUSINESS OR INDUSTRY: BALTIMORE SUN

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ROBERT ELLIS

14. MOTHER'S MAIDEN NAME: MARY ELIZABETH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MISS ISABELLE ELLIS, 17 SEMINOLE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paralysis agitans — Interval Between Onset and Death: 5 yrs +

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to 16 Aug., 1954, that I last saw the deceased alive on 14 Aug., 1954, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE: Joshua Trostler Jr. (Degree or title) M.D. ADDRESS 1118 St Paul St, Balt. 2, Md DATE SIGNED 8-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: AUG. 19/54 — NAME OF CEMETERY OR CREMATORY: LOUDON PARK — LOCATION (City, town, or county) (State): BALTIMORE MD.

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Harry H. Wright — ADDRESS: 4101 EDMONDSON AVE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07223

7233 CERTIFICATE OF DEATH Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTIMORE STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 6720 PARR AVENUE

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) ELY

4. DATE OF DEATH: (Month) AUGUST (Day) 8 (Year) 1954

5. SEX: MALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: 9/12/92 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HUCKSTER
10B. KIND OF BUSINESS OR INDUSTRY: PRODUCE
11. BIRTHPLACE (State or foreign country): GARDENVILLE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: RICHARD B. ELY
14. MOTHER'S MAIDEN NAME: LINNIE GRAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 218-18-31-45
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3648

IMMEDIATE CAUSE (A) ACUTE INFECTIOUS POLYNEURITIS — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

ANTECEDENT CAUSE (S) (B) HYPOSTATIC PNEUMONIA, BILATERAL — 2 DAYS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. NEOPLASM, RIGHT LUNG — UNKNOWN

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 5, 1954 to AUG. 8, 1954, that I last saw the deceased alive on ....., 19..., and that death occurred at 9:05P M, from the causes and on the date stated above.

SIGNATURE J. J. NOLAN, M.D. ADDRESS M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-9-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 8/12/54 | NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL | LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR Aug 11-54 | REGISTRAR'S SIGNATURE Dawson L. Harbee | FUNERAL DIRECTOR AND ADDRESS CHARLES T. TOWELL FUNERAL HOME 6411 WINDSOR MILL ROAD, BALTO., 7, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 16 1954
BUREAU OF S

MARYLAND 7234 07224

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard X
MARYLAND
LENGTH OF STAY (In this place) 112 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 718 Whitmore Avenue

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) T. (Last) EVANS

4. DATE OF DEATH (Month) (Day) (Year) 8-27-1954 19

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 7-29-22

9. AGE last birthday 32 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electronics

10b. KIND OF BUSINESS OR INDUSTRY Signal Depot

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William L. Evans

14. MOTHER'S MAIDEN NAME Gussie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW--II

16. SOCIAL SECURITY NO. 213-12-4572

17. INFORMANT AND ADDRESS Clin Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARDIAC INSUFFICIENCY	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) RHEUMATIC VALVULITIS, INACTIVE WITH DEFORMITY OF MITRAL VALVE	UNKNOWN
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-26-54

19b. MAJOR FINDINGS OF OPERATION MITRAL COMMISSUROTOMY

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 7, 1954, to Aug. 27, 1954, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

SIGNATURE Milton Ginsberg (Degree or title) M.D. ADDRESS Assistant Chief, Surgical Services, VAH, FORT HOWARD, MD. DATE SIGNED 8-27-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 9-1-1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 9/1/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Arlington Phillips Funeral Home 1808 N. Monroe Street, Baltimore 17, Md.

†Item 2 by phone to Nursing Home.9-13-54 ams

7235 MARYLAND STATE DEPARTMENT OF HEALTH 07225

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5921 Old Frederick Rd Loudon Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1613 Baltimore Duke land St.
STREET ADDRESS (If rural, give location) 5921 Old Frederick Rd

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Alice (Last) Faulkner

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1954

5. SEX: F — 6. COLOR OR RACE: Col — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH: ? — 9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private wife — 10b. KIND OF BUSINESS OR INDUSTRY: Home — 11. BIRTHPLACE (State or foreign country): Riverside S C — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: unknown — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. 213-10-7429D — 17. INFORMANT AND ADDRESS Andrew Faulkner 1617 Duke land St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular disease (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Coroner or Physician) Dr. McKieffer McBryan — ADDRESS Balto 1010 Leadenhall — DATE SIGNED Aug 12 54

FINAL DISPOSITION (BURIAL OR REMOVAL) Burial — DATE THEREOF Aug. 16 54 — NAME OF CEMETERY OR CREMATORY Ctributus M. Park — LOCATION (City, town, or county) Baltimore — (State) Md

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE — 23. FUNERAL DIRECTOR Wm Brooks Ruggles — ADDRESS 1763 N. Carey St.

MARGIN RESERVED FOR BINDING

PRINT ONLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07226

7236 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 28
LENGTH OF STAY (In this place) 1 yr 5 mo 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood
STREET ADDRESS (If rural give location) 3512 Varnum St.

3. NAME OF DECEASED: (First) Susie (Middle) (Last) Federline
4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Single	10-9-1872	81 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Photography
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Federline
14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardiac failure	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Arteriosclerotic heart disease	Yrs.
	DUE TO (C) Generalized arteriosclerosis	Yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1952, to 8-1, 1954, that I last saw the deceased alive on 8-1, 1954, and that death occurred at 2:20 PM, from the causes and on the date stated above.

SIGNATURE Louise Trask Woodward M.D. ADDRESS Spring Grove State Hosp., Catonsville DATE SIGNED 8-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 4-1954	St. Johns	Forest Glenn Md

DATE REC'D BY LOCAL REGISTRAR 8/2/54
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR Valley's Funeral Home ADDRESS 3200 - 33rd Ave. Mt Rainier Md

AUG
BUREAU V. S

7237 MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07227

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Main Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 23 Main Ave.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Granger (Last) Fields

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Oct. 20, 1892

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Locken Fields

14. MOTHER'S MAIDEN NAME: Maria Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Rosie Fields 23 Main Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary occlusion

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Herman Lieffen MD

ADDRESS: Keptmed Mem Balto 1010 Linden Ave

DATE SIGNED: Aug 22 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-26-54

NAME OF CEMETERY OR CREMATORY: Western Star Cem

LOCATION (City, town, or county) (State): Catonsville, Md.

DATE REC'D BY LOCAL REG.: 8-24-54

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Mrs. Frances A. Hemphill W. Biddle

ADDRESS: 57[illegible]

JST

07228

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7238

CERTIFICATE OF DEATH

Reg. Dist. No. 4/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 210 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 109 Conaway Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (NMI) (Last) FIELDS

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8/10/10

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Cleaner

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Queen Co, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Fields

14. MOTHER'S MAIDEN NAME: Nancy Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.,Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. GASTRIC ULCER — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Jan.18, 1954 to Aug 16, 1954, [redacted] and that death occurred at 2:00A M, from the causes and on the date stated above.

SIGNATURE J. J. NOLAN, M.D. — ADDRESS VAH, Fort Howard, Md. — DATE SIGNED 8-18-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/20/1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-20-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: Arlington S. Phillips Funeral Home, 1808 N. Monroe St., Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07229

7239 **CERTIFICATE OF DEATH** Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md. — LENGTH OF STAY (in this place) 1 yr. 8 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

STREET ADDRESS (If rural, give location) 7311 Willow Ave.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Carl	Frederick	Fischle	8	19	19 54

5. SEX:	6. COLOR OR RACE:	7. (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
m	W		11-15-50	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
		U.S.A.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Carl Edward Fischle	Catherine Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
?			Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Suffocation due to aspiration of food	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Old birth trauma with idiocy and epilepsy	since birth
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 11-21 19 52 to Aug. 19 19 54, that I last saw the deceased alive on Aug. 19, 1954, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Vilas B. Johns	M.D. Rosewood State Training School	8-20-54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	8/21/54	Ft. Lincoln Crematory	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-21-54	Mary B. Elvie.	Warren E. Dumphrey	8434 Georgia Ave. Silver Spring, Md.

RECEIVED
AUG 27 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07230

7240 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH: SPRING GROVE STATE HOSPITAL
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP. BALTIMORE 28 - MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHEVERLY
STREET ADDRESS (If rural give location) 2611 CREST AV.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) EMMA FISHER

4. DATE OF DEATH: (Month) (Day) (Year) August 7 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): DIVORCED

8. DATE OF BIRTH: MAY 7, 1891

9. AGE last birthday: 63 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: WILLARD FISHER

14. MOTHER'S MAIDEN NAME: ANNE JOAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: JOHN M. FISHER 2611 CREST AV. CHEVERLY-Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

31X

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE

ANTECEDENT CAUSE (S) DUE TO HYPERTENSIVE VASCULAR DISEASE

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 7 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 FEB., 1954, to 7 Aug., 1954, that I last saw the deceased alive on 7 Aug., 1954, and that death occurred at 6:45 P M, from the causes and on the date stated above.

SIGNATURE L. Shyne Williams M. D. ADDRESS Spring Grove State Hosp. Catonsville 7 DATE SIGNED 7 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): CREMATION

DATE THEREOF: 8-9-1954

NAME OF CEMETERY OR CREMATORY: LEE'S CREMATORY

LOCATION (City, town, or county) (State): WASHINGTON DC

DATE REC'D BY LOCAL REGISTRAR: 8/8/54

REGISTRAR'S SIGNATURE: V. E. Harris

24. FUNERAL DIRECTOR: J. WILLIAM LEE & SONS C. ADDRESS: WASH. DC

VS. A15—10-53

RECEIVED
AUG 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

7241 2411 N. Charles Street, Baltimore 07231 58

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson (Rural); LENGTH OF STAY (in this place) about 1½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8151 Loch Raven Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson (Rural); STREET ADDRESS (If rural, give location) 8151 Loch Raven Blvd.

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) E. (Last) Fisher

4. DATE OF DEATH: (Month) Aug. (Day) 26, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 1, 1867

9. AGE last birthday: 86 — If under 1 year: Months —; Days —; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leather Worker

10b. KIND OF BUSINESS OR INDUSTRY: Harness, Belts etc.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Lewis E. Fisher -

14. MOTHER'S MAIDEN NAME: (?) (?)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs. Velma M. Bing Same Address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypostatic pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. —, 1952, to Aug. 26, 1954, that I last saw the deceased alive on Aug 25, 1954, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Lee K Fargo ADDRESS 8151 Loch Raven Blvd DATE SIGNED 8-26-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Sat. Aug 28 1954 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/27/54 | REGISTRAR'S SIGNATURE C W Kendrick

24. FUNERAL DIRECTOR ADDRESS C. Howard Evans 1400 S. Charles St Balto 30 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07232

7242

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills X
LENGTH OF STAY (in this place) 12½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7,
STREET ADDRESS (If rural give location) 5500 Wesley Avenue

3. NAME OF DECEASED: (First) Charlotte (Middle) Ruth (Last) Fowler
4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 18, 1930
9. AGE last birthday: 24 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Edward Fowler
14. MOTHER'S MAIDEN NAME: Rose Ethel Ditzel

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Hospital records, Rosewood St. Training School

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) DUE TO: asphyxia — Minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO: Aspiration of Vomitus in trachea + Bronchi
(c) Due to Aspirations — Chronic lung abscesses

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Epilepsy with mental Deficiency — 24 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 23, 1954, to Aug. 3, 1954, that I last saw the deceased alive on Aug. 3., 1954, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ellis D. Martin M.D. — ADDRESS Head Sykesville Md. — DATE SIGNED 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 7-1954 — NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. — LOCATION (City, town or county) Woodlawn Baltimore Co. Md. (State)

DATE REC'D BY LOCAL REGISTRAR 8-5-54 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Willis Lamoreaux — ADDRESS 4510 Liberty Heights Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07233

7243 CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale | LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8040 Philadelphia Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale X
STREET ADDRESS (If rural give location) 8040 Philadelphia Road

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) Margaret (Last) Friede

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1954

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Dec-17-71 | 9. AGE last birthday: 82 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Conrad Meyer | 14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) None | 16. SOCIAL SECURITY NO.: 213-05-2821B | 17. INFORMANT & ADDRESS: Alice M. Rosemark 8040 Philadelphia Rd

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: Sudden

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio Vascular disease — 2 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1954, to Aug 22, 1954, that I last saw the deceased alive on Aug 22, 1954, and that death occurred at 7 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Bateman Gardner M.D. | ADDRESS Balto 6 Md | DATE SIGNED 8/22/54

26. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF August 25/54 | NAME OF CEMETERY OR CREMATORY Western | LOCATION (City, town, or county) Baltimore | (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8-23-54 | REGISTRAR'S SIGNATURE A. W. Adkins | 24. FUNERAL DIRECTOR | ADDRESS George L. Schwab 401 Frederick Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7244 CERTIFICATE OF DEATH

08208

Reg. Dist. No. 47

1. PLACE OF DEATH:
COUNTY Baltimore 19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point. | LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R10 Box 260

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE A.S. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1 N
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) Viola. (Middle) [redacted]. (Last) Fryer.

4. DATE OF DEATH: (Month) Aug (Day) 22 (Year) 1954.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 5. 1881
9. AGE Last birthday: 72. yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework.
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Baltimore. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George [redacted] Thomas Angel.
14. MOTHER'S MAIDEN NAME: Sophie Uitzberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None.
17. INFORMANT & ADDRESS: Lillian Plichta - Edgewood Rd Balto. 19-

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Acute Myocardial Failure	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertensive Cardio Vascular Disease.	1944.
	DUE TO (c) Hemiplegia.	Aug. 1949
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	1949

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19..... to Aug 22.., 1954, that I last saw the deceased alive on Aug 22, 1954, and that death occurred at 12 30 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Kellin. M.D. 6908 North Point Rd Balto 19- Aug 22./54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/26/54
NAME OF CEMETERY OR CREMATORY Parkwood Cem
LOCATION (City, town, or county) (State) Balto md

DATE REC'D BY LOCAL REGISTRAR Aug. 8-54
REGISTRAR'S SIGNATURE Dawson L. Harbs
24. FUNERAL DIRECTOR Lansdale Funeral Home
ADDRESS 7401. Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07234

7245 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-5

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Stoneleigh
LENGTH OF STAY (in this place) 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Register Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 16 Dixie Drive

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Marie (Last) Gaertner

4. DATE OF DEATH: (Month) 8 (Day) 21 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1-17-1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Siegman

14. MOTHER'S MAIDEN NAME: Magdalene Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Ruth M. Hill - 16 Dixie Dr. Towson, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DUE TO arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Bronchopneumonia — 1 wk.

(C) Diabetes Mellitus — 20 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1951 to 8-22-1954 that I last saw the deceased alive on 8-22-1954 and that death occurred at 12:30 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. Robert H. Hulse ADDRESS 3105 N. Charles St. DATE SIGNED 8-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation 8/23/54

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Frederick Rd. Balto. Md

DATE REC'D BY LOCAL REGISTRAR 8-23-54

REGISTRAR'S SIGNATURE R. W. Hedrick

24. FUNERAL DIRECTOR Frank A. Howard-Pikesville, Md ADDRESS

Film G169, Item 3, 8-1-54,et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07235

7246 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) SINCE 7/31/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY PR. GEO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
STREET ADDRESS (If rural give location) 412 ETHAN AVE

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) AGNES Gallahan (Last) CALLAHAN

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M | 8. DATE OF BIRTH: 8/15/85 | 9. AGE last birthday 69 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): IRELAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS HOSP. RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO (B) ADVANCED ARTERIOSCLEROSIS — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) SENILITY — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31/53 19 , to 8/26/54 19 , that I last saw the deceased alive on 8/26/54 19 , and that death occurred at 8:50 P M, from the causes and on the date stated above.

SIGNATURE Carter Ward M.D., M. D. ADDRESS Emily Gwynn Hosp. DATE SIGNED 8/26/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8-31-54 | NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REGISTRAR 8/27/54 | REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR ADDRESS Martin W. Kysong, 1300 N. St. NW. Wash. D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11—10-53

RECEIVED
AUG 30
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07236

7247 CERTIFICATE OF DEATH

Reg. Dist. No. ... ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — M - 53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
LENGTH OF STAY (in this place) 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Sudbrook Lane.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville
STREET ADDRESS (If rural give location) 202 Sudbrook Lane

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) Estella (Last) Gardner

4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1954

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed 8. DATE OF BIRTH: 20 Aug 1899 9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: none. 11. BIRTHPLACE (State or foreign country): maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Shoemaker 14. MOTHER'S MAIDEN NAME: Katherine Fowble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Mr. Robert Gardner 202 Sudbrook La Pikesville 8 Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO Carcinoma of Uterus — 3 yrs.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. arteriosclerotic heart disease — 4 yrs.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 Aug, 1952, to 17 Aug, 1954, that I last saw the deceased alive on 17 Aug, 1954, and that death occurred at 11:55 A M, from the causes and on the date stated above.

SIGNATURE Paul H Roupe M.D. ADDRESS Pikesville 8 Md DATE SIGNED 17 Aug 54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 8-20-54 NAME OF CEMETERY OR CREMATORY Druid Ridge LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/18/54 REGISTRAR'S SIGNATURE C. W. Hedrick 24. FUNERAL DIRECTOR Frank H. Purnell ADDRESS Pikesville Md

07237

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7248 CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH.
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 28.
LENGTH OF STAY (in this place) Since Oct 26 1923
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MARYLAND COUNTY CHARLES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Unknown
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) MURPHY (Last) GARNER

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1954

5. SEX. F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W | 8. DATE OF BIRTH: 6. 25. 99 | 9. AGE last birthday 55 yrs | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife of Farmer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Murphy
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records-SpringGroveStateHospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Bilateral pyonephrosis — weeks
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Exhaustion of acute mental disease — weeks

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-4- , 19 54 to 8-6- , 1954, that I last saw the deceased alive on 8-5- , 1954, and that death occurred at 2.10 P M, from the causes and on the date stated above.

SIGNATURE Ethel B. Heimann Jr. M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 8-6-54

23. BURIAL, CREMATION, REMOVAL, (SPECIFY) Burial | DATE THEREOF Aug. 9, 1954 | NAME OF CEMETERY OR CREMATORY St. Marys | LOCATION (City, town, or county) (State) Bryantown Md.

DATE REC'D BY LOCAL REGISTRAR 8/6/54 | REGISTRAR'S SIGNATURE V. E. Harris | 24. FUNERAL DIRECTOR ADDRESS Hunt & Ryon, Waldorf, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG
BUREAU V.

07238

MARYLAND 7249

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

M

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
MARYLAND
LENGTH OF STAY (In this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 419 Ostend Street

3. NAME OF DECEASED (Type or Print): (First) PETER (Middle) (NMI((Last) GASTERITIS

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/18/97

9. AGE last birthday: 56 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LeRoy Gasteritis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes ✓ (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: 212 12 6999

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.,Hosp. Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — Interval between onset and death: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) PULMONARY EMPHYSEMA — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug. 16 ..., 19 54, to Aug. 18 ..., 19 54., [redacted] and that death occurred at 12:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. J. NOLAN, M.D.

ADDRESS: VAH, Fort Howard, Md.

DATE SIGNED: 8/19/54

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: Aug. 21, 1954

NAME OF CEMETERY OR CREMATORY: ST. PETER'S CEM.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug 25 54

REGISTRAR'S SIGNATURE: Mrs. Hedrick

24. FUNERAL DIRECTOR: HOWARD BLIGHT FUNERAL HOME Mildred T. Blight

ADDRESS: 6009 Harford Rd. Baltimore, Maryland

MARGIN RESERVED FOR BINDING

I

7250

MARYLAND STATE DEPARTMENT OF HEALTH

07239

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd & Penna Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1006 Penna Ave Towson 4

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Rossitter (Last) Gemmill
4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1954

5. SEX: M.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 5 1885
9. AGE Last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Bank
11. BIRTHPLACE (State or foreign country): Fawn Grove Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob H Gemmill
14. MOTHER'S MAIDEN NAME: Maggie King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-20-9275
17. INFORMANT AND ADDRESS: Mrs. Chas. D. Gemmill 1006 Penna Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart disease, vascular, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardio-vascular disease & arteriosclerosis	2 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE (Degree or title) Rollin C. Hudson M.D., D.M.E. ADDRESS Towson Md. DATE SIGNED 8/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug 24 1954 — NAME OF CEMETERY OR CREMATORY Bates Baptist — LOCATION (City, town, or county) Balto Co — (State) Md.

DATE REC'D BY LOCAL REG Aug. 22, 1954 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Bruno Sons — ADDRESS 610 York Road Towson 4

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Film G169, Item 14, 8-23-54,et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07240

7251

CERTIFICATE OF DEATH

Reg. Dist. No. .... ..

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3213 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Baltimore~~ Towson
STREET ADDRESS (If rural give location) 3213 E. Joppa Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Marion (Last) Gittings

4. DATE OF DEATH: (Month) 8 (Day) 17 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower

8. DATE OF BIRTH: July 7, 1872

9. AGE last birthday: 82 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Arminger

10B. KIND OF BUSINESS OR INDUSTRY: Wirder

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Charles M. Gittings

14. MOTHER'S MAIDEN NAME: Elizabeth Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) I (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Ethel Becker 3212 E. Joppa Road

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Septicemia

ANTECEDENT CAUSE (S) DUE TO (B) Debebtation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Previous Operation c Cardiac

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. degeneration & failure.

19A. DATE OF OPERATION: May '54

19B. MAJOR FINDINGS OF OPERATION: Prostalectomy BPH,

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1954 to Aug 17, 1954, that I last saw the deceased alive on Aug 16 1954 and that death occurred at 12 00 M. from the causes and on the date stated above.

SIGNATURE Frank T. Kaiuk M. D. ADDRESS 9005 Harford Rd DATE SIGNED 8/17/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-20-54

NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS T. J. Ruck, 5305 Harford Rd, Balto 14, Md

Dr. Kasik
9005 Harford Road
Blvd 3692
6 - 7 P.M.

7252

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07241

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeys Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Cockeys Mill Road

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) Ernest (Last) Godsey

4. DATE OF DEATH: (Month) Aug. (Day) 1, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 6, 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Employed as laborer on farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Godsey

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: John Dolan, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Artery Disease — 30 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. Disease — 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE (VIOLENCE) WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: not an injury (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED: While at work / Not while at work: not an injury

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE: D. D. Caples (Deputy Med. Exam. M.D.) (Degree or title) ADDRESS: Reisterstown, Md. DATE SIGNED: 8-10-54

DISPOSITION (Burial, Cremation, Removal, Specify): Burial
DATE THEREOF: Aug. 4, 1954
NAME OF CEMETERY OR CREMATORY: Finksburg
LOCATION (City, town, or county) (State): Carroll County, Md.

DATE RECD BY LOCAL REGISTRAR: 8-4-54
REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR / ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

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07242

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS PARADISE NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ARBUTUS
STREET ADDRESS (If rural, give location) 1734 LEEDS TERRACE

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) H. (Last) GONCE

4. DATE OF DEATH (Month) 8 (Day) 7 (Year) 1954

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH FEB. 24 1887

9. AGE last birthday 67 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DIE MAKER

10b. KIND OF BUSINESS OR INDUSTRY PAPER BOX FACTORY

11. BIRTHPLACE (State or foreign country) MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME WILLIAM H. GONCE

14. MOTHER'S MAIDEN NAME NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS BERNARD GONCE 306 BEECHFIELD AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Failing Health

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION D

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1954, to 8-7, 1954, that I last saw the deceased alive on 8-6, 1954, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8-11-54 NAME OF CEMETERY OR CREMATORY Cathedral Cem. LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 8-9-54 REGISTRAR'S SIGNATURE C. E. Harris

24. FUNERAL DIRECTOR George A. Farley ADDRESS Catonsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07243

7254 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-56

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 119 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1210 N. Court

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) (NMI) (Last) GRAVES

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 6/14/92

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Construction Co,

11. BIRTHPLACE (State or foreign country): Harrisonburg, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Davis Graves

14. MOTHER'S MAIDEN NAME: Mary MN. Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 218 03 8618

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE LUNG WITH GENERALIZED METASTASES — INTERVAL BETWEEN ONSET AND DEATH: 6 MONTHS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. PULMONARY EMPHYSEMA — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from April 19 19 54 to Aug 16, 19 54 [illegible] and that death occurred at 6:45 PM, from the causes and on the date stated above.

SIGNATURE J. J. NOLAN, M.D. — ADDRESS VAH, Fort Howard, Maryland — DATE SIGNED 8-17-54

M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/20/1954 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-20-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS Arlington S. Phillips Funeral Home 1008 N. Monroe St., Baltimore 17, Md.

METASTASES

J. J. NOLAN, M.D.

8-17-51

Burial

Baltimore National Baltimore, Maryland
Arlington S. Phillips Funeral Home

Item 21 Film G169 8-27-54 ams

7255

07244 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Towson; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto.; STREET ADDRESS (If rural, give location) 1912 Penna. Ave

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) A (Last) GREEN

4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1954

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 12-12-12

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Edward L Decker

11. BIRTHPLACE (State or foreign country): Summerton S. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Henry Green

14. MOTHER'S MAIDEN NAME: Rosie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Prodgell Green - 1912 Penna Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) BURNS, 95% OF BODY SURFACE

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY Home | 21c. (City or town) Towson (County) Balto. (State) Md.

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug. 6, 1954 10.[illegible] M. | 21e. INJURY OCCURRED While at work ☒ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? A fire in the building.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul Green M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8-11-54 | NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park | LOCATION (City, town, or county) Balto (State) Md

DATE REC'D BY LOCAL REG. [illegible] | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Samuel M. Sullivan Jr. ADDRESS Balto

VS. A15A - 5 - 53

MARYLAND 7256 07245

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 114 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 116 Hammerbacker Court

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (NMI) (Last) GROSS

4. DATE OF DEATH (Month) August (Day) 26, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-9-99

9. AGE Last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13. FATHER'S NAME: William Gross

14. MOTHER'S MAIDEN NAME: Sarah Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) EROSION OF AORTA BY TUMOR WITH EXSANGUINATION IN DIGESTIVE TRACT — SUDDEN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). CARCINOMA OF ESOPHAGUS — UNKNOWN

(c).....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from May 4, ..., 1954..., to Aug. 26 ..., 1954., and that death occurred at 1:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. VAh, FORT HOWARD, MARYLAND 8-27-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 8/31/1954 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: August 28 1954 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore 17, Md.

MARGIN RESERVED FOR BINDING

7257

07246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville | LENGTH OF STAY (In this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3221 Northbrook Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 3221 Northbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) ROSA (Middle) (Last) GROSSMAN

4. DATE OF DEATH: (Month) AUG (Day) 31 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 1879 | 9. AGE Last birthday: 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Lenton | 14. MOTHER'S MAIDEN NAME: Henrietta ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Abraham Hekimian

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-43X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension Cardiovascular Disease
(c) Arteriosclerosis - generalized

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1954, to 8-31, 1954, that I last saw the deceased alive on 8-31, 1954, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Daniel J. Shwartz M.D. | 23 W. Eutaw Place | 9-1-54

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: Sept 1, 1954 | NAME OF CEMETERY OR CREMATORY: Washington Cemetery | LOCATION (City, town, or county): Brooklyn | (State): N.Y.

DATE REC'D BY LOCAL REG. 9-1-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Sol Levinson & Bros. | ADDRESS: 1124-26 W. Baltimore St.

VS. A15

7258 MARYLAND STATE DEPARTMENT OF HEALTH 07247

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS The House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3307 Woodholm Avenue

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) (Last) GUNTHER
4. DATE OF DEATH: (Month) August (Day) 2, (Year) 19 54

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 29, 1878
9. AGE last birthday: 76 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Gunther
14. MOTHER'S MAIDEN NAME: Lizetta Hobelmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: J. Britian Winter, Fidelity Building

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 7 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Cardio-Vascular Disease — 10 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-24, 1952, to 8-2, 1954, that I last saw the deceased alive on 8-2, 1954, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilmer K. Gallagher M.D. Catonsville-28, Md. 8-2-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Aug. 4 1954 | NAME OF CEMETERY OR CREMATORY: Lorraine Park Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 8-4-54 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR ADDRESS: H. SANDER & SONS, INC. Baltimore, Maryland

Rev. J. Hunter

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07248

7259 CERTIFICATE OF DEATH Reg. Dist. No.

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WRITE WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. The
THIS CERTIFICATE MUST BE WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER

1. NAME OF DECEASED (Type or Print): Jennie Guntrum

2. DATE OF DEATH: Aug 4, 1954

3. PLACE OF DEATH: A Baltimore City, Maryland; B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

c Length of stay in Baltimore: Yrs. X Mos Days

4. USUAL RESIDENCE (Where deceased lived / If institution: residence before admission): A. STATE Maryland; B. COUNTY Baltimore; C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Co.; D. STREET ADDRESS (If rural, give location) 203 Dumbarton Road

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
F	W	Divorced	June 27, 1885	69		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Kurtz

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO: No

17. INFORMANT: Edmund A. Guntrum ADDRESS: 203 Dumbarton Rd. Balto., Md.

MD. CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15-20 min.

DUE TO

(B) Coronary artery sclerosis and insufficiency — 18 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO (C) General arteriosclerosis & senility

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B CONDITION FOR WHICH OPERATION WAS PERFORMED	20 AUTOPSY? YES ☐ NO ☐

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21F. HOW DID INJURY OCCUR?
m.		

22 I certify that (I) (~~this hospital~~) attended the deceased from Aug. 4. 1954 to July 16 1954, that (I) (we) last saw the deceased alive on and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Theodore J. Graziano M.D. ATTENDING PHYS. ☒ MED DIRECTOR ☐ STAFF PHYS ☐	2802 Harford Rd	8/5/54

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	8/7/1954	Lorraine Park	Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
8-6-54	[illegible]	Wm. D. Tiekner & Sons	No. 1 Pa. Ave.

7260

07249

MARYLAND

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
MARYLAND
LENGTH OF STAY (In this place) 76 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans AdministrationHospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4815 Holabird Avenue

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) J. (Last) HAMMEN

4. DATE OF DEATH (Month) August (Day) 31 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH 3-9-11

9. AGE last birthday 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Adam Hammen

14. MOTHER'S MAIDEN NAME Anna Trau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW-II

16. SOCIAL SECURITY No. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1637

Immediate cause (a) CARCINOMA OF LEFT LUNG — Interval between onset and death: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-28-54

19b. MAJOR FINDINGS OF OPERATION Exploratory Thoracotomy - left

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from June 16 ..., 1954..., to Aug. 31 ..., 19.54, that ~~I last saw deceased alive on ..., 19..~~, and that death occurred at 4:30 A. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 8-31-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Sept. 3, 1954

NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS Schlunek Funeral Home, 2601 E. Madison St. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7261 CERTIFICATE OF DEATH

07250

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 yrs. 6mo. 11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1212 W. Fayette St.

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) (Last) Harvey

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-21-1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland?

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — Yrs.

DUE TO (C) Generalized arteriosclerosis — Yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to 8-2, 1954, that I last saw the deceased alive on 8-2, 1954, and that death occurred at 4:25 AM, from the causes and on the date stated above.

SIGNATURE Louie Frances Woodward M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 8-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation DATE THEREOF 8-4-54. NAME OF CEMETERY OR CREMATORY Maryland Memorial Gardens, Inc. LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 8/4/54 REGISTRAR'S SIGNATURE U.E. Harry

24. FUNERAL DIRECTOR Wm. Francis A. Lemley ADDRESS 57 W. Fayette St.

AUG 6
BUREAU

08221

MARYLAND 7262 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY in this county MARYLAND 16 Hrs. 30 Min.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Edgewater P. O.; STREET ADDRESS (If rural, give location) Route #3 Box 420

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W. (Last) HARVEY, SR.

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 1-4-99

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Fire Department

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Harvey

14. MOTHER'S MAIDEN NAME: Frances Armor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 218-14-3240

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Aug. 25., 19 54, to Aug. 26., 19 54, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

4:30 P.M. 9:00A.M.

SIGNATURE F. G. Dickey, M.D. (Degree or title) ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 8-26-54

FRANCIS G. DICKEY, Chief, Medical Service

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE: Aug 30 54

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REGISTRAR: Sept. 3-54

REGISTRAR'S SIGNATURE: Dawson L. Harber

24. FUNERAL DIRECTOR: Hysong Funeral Home

ADDRESS: 1300 "N" Street N.W., Washington, D. C.

MARGIN RESERVED FOR BINDING

SEP 10
U. S.

7263

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

R.S. 7851

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 3-C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville; LENGTH OF STAY (in this place) 11 mo 23 da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 118 N Clement st

3. NAME OF DECEASED: (Type or Print) (First) Kate (Middle) Heinrichs (Last)

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1954

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 8-2-1868 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Home | 10b. KIND OF BUSINESS OR INDUSTRY: House wife | 11. BIRTHPLACE (State or foreign country): Germany | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Friend Spring Grove State Hosp

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) Congestive Heart failure

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteriosclerotic Heart disease

DUE TO

(c) Generalized atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. fractured right hip

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: | 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Hospital | 21c. (City or town) Catonsville (County) Balto (State) Md

21d. TIME OF INJURY (Month) 7 (Day) 2 (Year) 54 (Hour) M. | 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21f. HOW DID INJURY OCCUR? fell on floor while shutting door

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Geo M. Kiefer M. D. 1010 Fredrick CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED Aug. 54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Aug 6 54 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) Balto (State)

DATE REC'D BY LOCAL REG. 8-2-54 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR A. Howard Shaw ADDRESS 140 W Lafayette Ave

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07252

7264 CERTIFICATE OF DEATH Reg. Dist. No. ...

PLEASE WRITE PITH UNFADING INK. Every item of information should be carefully supplied. MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): John Heuerman
2. DATE OF DEATH: Aug. 28, 1954
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore County
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Spring Grove State Hospital
c Length of stay in Baltimore: Yrs. ... Mos. ... Days ...
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 313 S. Conkling St.
5 SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March17, 1897
9. AGE (In years last birthday): 57
If Under 1 Year Months ... Days ...
If Under 24 Hours Hours ... Min. ...
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cannery worker
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Paul Heuerman
14. MOTHER'S MAIDEN NAME: Katherine Langrehr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO
17 INFORMANT: Hospital Records ADDRESS

MEDICAL CERTIFICATION

18. 331X

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days
DUE TO
(B) Cerebral and generalized arteriosclerosis — years
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Left pulmonary abscess — 1 week ?

19A DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☐

22. I hereby certify that I attended the deceased from July 1, 1952, to August 28, 1954, that I last saw the deceased alive on August 27, 1954, and that death occurred at 2:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE M. D. Lowe Frances Woodward
23B. ADDRESS Spring Grove State Hosp, Balt. 28
23C. DATE SIGNED 8-28-54

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 31 54
24C. NAME OF CEMETERY OR CREMATORY: Oak Lawn
24D. LOCATION (City, town, or county) (State): Balto Md

DATE RECEIVED BY LOCAL REGISTRAR: 8-30 54
REGISTRAR'S SIGNATURE: Edw. Hedrick
25. FUNERAL DIRECTOR: Paul A Heuerman
ADDRESS: 6067 Harford Rd

VS 150

MARYLAND STATE DEPARTMENT OF HEALTH

7265 2411 N. Charles Street, Baltimore 07253

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 2 1/2 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn; STREET ADDRESS (If rural, give location) 5500 Windsor Mill Rd.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) V. (Last) Hissey

4. DATE OF DEATH: (Month) Aug. (Day) 20, (Year) 19 54.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 14, 1875

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Peddicord

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Vernon J. Hissey 5502 Windsor Mill Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARDIAC FAILURE

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MALNUTRITION

(c) INVOLUTIONAL MELANCHOLIA

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15 1954 to Aug. 20 1954, that I last saw the deceased alive on Aug. 16, 1954, and that death occurred at 1:32 P.M., from the causes and on the date stated above.

SIGNATURE A. W. Hedrick M.D. (Degree or title) ADDRESS 9626 Liberty Rd. Randallstown DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF 8-23-1954 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) Woodlawn, (State) Md.

DATE REC'D BY LOCAL REG. 8-23-54 | REGISTRAR'S SIGNATURE A. W. Hedrick M.D. | 24. FUNERAL DIRECTOR C. Howard Strc.g ADDRESS 3207 W. North Ave.,

7266

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07254

Reg. Dist. No. .....

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9401 C Loch Raven Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 9401 C Loch Raven Blvd

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Esther (Last) Hoffman

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1954

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 17, 1899

9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: T. A. Wallace

14. MOTHER'S MAIDEN NAME: Anne Causey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. John T. Hoffman, 9401 C Loch Raven Blvd

18. MEDICAL CERTIFICATION

		Interval Between Onset and Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cirrhosis of Liver (with jaundice) Advanced	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic alcoholism with acute alcoholism period	4 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Robert H. Hoffman (Degree or title) M.D., D.M.E. ADDRESS: Towson Md. DATE SIGNED: 8/16/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 19 1954

NAME OF CEMETERY OR CREMATORY: Holy Redeemer

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

7267 MARYLAND STATE DEPARTMENT OF HEALTH 07255

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

Item 9 Filed 1-15-54 et

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edsworth | LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegheny Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Md
STREET ADDRESS (If rural, give location) 1807 De Sota Rd

3. NAME OF DECEASED (Type or Print): (First) Sarnia (Middle) J (Last) Hohenberger
4. DATE OF DEATH: (Month) Aug (Day) 23. (Year) 54

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH Oct 14 1869 | 9. AGE last birthday 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY — | 11. BIRTHPLACE (State or foreign country) Balto Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Adam Braun | 14. MOTHER'S MAIDEN NAME Wilhelmina Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT AND ADDRESS Records Allg Home 6811 Campfield Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio-Sclerotic Heart Disease — 5 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) Generalized Arterio Sclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis — 10 yrs.

19a. DATE OF OPERATION March - 1947 | 19b. MAJOR FINDINGS OF OPERATION Carcinoma (Breast) | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 19 39, to 8/23, 19 54, that I last saw the deceased alive on 8/17, 19 54, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Earl L. Chambers M.D. | 4108 Liberty Hts Ave Baltimore | 7-Aug

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Aug 26 54 | NAME OF CEMETERY OR CREMATORY Loudon Park | LOCATION (City, town, or county) Balto | (State) Md | 8-24-54

DATE REC'D BY LOCAL REG. 8-25-54 | REGISTRAR'S SIGNATURE A W Heine | 24. FUNERAL DIRECTOR Paul A Heemann | ADDRESS 6067 Hereford Rd

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7268 MARYLAND STATE DEPARTMENT OF HEALTH 07256

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville X | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren + Sherwood Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Warren + Sherwood Rd. Cockeysville Md.

3. NAME OF DECEASED (Type or Print): (First) Melvin (Middle) R. (Last) Hoshall
4. DATE OF DEATH (Month) Aug. (Day) 5 (Year) 1954

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 12-6-1901
9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic - Auto
10b. KIND OF BUSINESS OR INDUSTRY: Auto. Garage
11. BIRTHPLACE State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles E. Hoshall
14. MOTHER'S MAIDEN NAME: Florence M. Turnbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 218-32-1296
17. INFORMANT AND ADDRESS: Mrs. Elizabeth R. Hoshall Above Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓ Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
C. M. France M.D. Carleton, Md 8/9/54

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial | DATE THEREOF 8-12-1954 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 8-10-54 | REGISTRAR'S SIGNATURE A. W. Heiner | 24. FUNERAL DIRECTOR ADDRESS G. Truman Schnabel 3512 Fred. ave. Balto Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

7269 **MARYLAND STATE DEPARTMENT OF HEALTH** 07257

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Irene (Last) Jaeger
4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 29 1873
9. AGE last birthday 80 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY RELIGIOUS
11. BIRTHPLACE (State or foreign country) Baltimore, MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Nicholas Jaeger
14. MOTHER'S MAIDEN NAME Gertrude Krug
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial decompensation — 1 month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral Stenosis — 76 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 29, 1953, to Aug 22, 1954, that I last saw the deceased alive on Aug 17, 1954, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [redacted] ADDRESS 7501 York Rd Towson DATE SIGNED Aug 8/22/54

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF 8-24-54 | NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM. | LOCATION (City, town, or county) (State) NOTCH CLIFF MR Towson Md.

DATE REC'D BY LOCAL REG. 8-26-54 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Charles A. Geiler ADDRESS 901 S. CONKLING ST. BALTO., 24, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07258

7270 **CERTIFICATE OF DEATH** Reg. Dist. No. . . .

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 5th
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 Stafford Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
STREET ADDRESS (If rural give location) 334 Stafford Drive

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) (Last) JONES

4. DATE OF DEATH: (Month) Aug. (Day) 17, (Year) 19 54

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8 DATE OF BIRTH: Nov. 21, 1869 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jeremiah Duckett | 14. MOTHER'S MAIDEN NAME: Mary Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS: Catonsville Mr. Joseph R. Beatty - 334 Stafford Dr.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) DUE TO: Hypertensive Cardiovascular Disease — 5 yrs.

ANTECEDENT CAUSE (B) DUE TO: with Decompensation

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: Senility

19A. DATE OF OPERATION: / | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1954, to Aug. 16, 1954, that I last saw the deceased alive on Aug. 12, 1954, and that death occurred at 1:30 P M, from the causes and on the date stated above.

SIGNATURE A Bradley Laughaitey M. D. ADDRESS Halethorpe 27 Md DATE SIGNED 8-17-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 8/19/54 | NAME OF CEMETERY OR CREMATORY Loudon Park Cem. | LOCATION (City, town, or county) Balto., Md. (State)

DATE REC'D BY LOCAL REGISTRAR / | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR Wm. J. Pickner & Son ADDRESS Balto Md

VS. A15 — 10 - 53

07259

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7271

CERTIFICATE OF DEATH

Reg. Dist. No. 30

Item 12 film G168A 8/11/54 CM

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville
MARYLAND LENGTH OF STAY (in this place): 9yrs 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 2205 E. Eager St.

3. NAME OF DECEASED: (First) Annie (Middle) (Last) Kapralek

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: Unk

9. AGE last birthday: ? 73 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Europe

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic heart disease — Yrs.

DUE TO

(C) Generalized arteriosclerosis — Yrs.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1953, to 8-1, 1954 that I last saw the deceased alive on 8-1, 1954, and that death occurred at 8:20 PM, from the causes and on the date stated above.

SIGNATURE M. D. Louie F. Woodward ADDRESS Spring Grove State Hosp., Catonsville DATE SIGNED 8-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Aug 5, 1954.

NAME OF CEMETERY OR CREMATORY: Oak Hill

LOCATION (City, town, or county) (State): Horner's Lane

DATE REC'D BY LOCAL REGISTRAR: 8-6-54

REGISTRAR'S SIGNATURE: W. Hedrick

24. FUNERAL DIRECTOR: Charles E. Schimunek ADDRESS: 2601 E. Madison Street

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7272 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07260

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 515 S. Hilton Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 515 S. Hilton Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	H	KASTEN	Aug	9	19 54

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Jan 19 1915	39 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Poultry Dealer	Poultry	Mi.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles A. Kasten	Dora Hesse

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs. Beverly M. Kasten 515 S. Hilton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cachexia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer of rectum — 2 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 9, 19 54, to Aug 9, 19 54, that I last saw the deceased alive on ....., 19....., and that death occurred at 6 47 m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Lloyd L McCormack M.D.	123 Bloom Guy Ave.	Aug 9 1954

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-11-1954	Lorraine Park	Woodlawn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/11/54		C. Howard Strunk	3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07261

7273 CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Owings Mills
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Balt. City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore 5
STREET ADDRESS (If rural give location): 4909 E. Chase Street

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) Madelon (Last) Kellner

4. DATE OF DEATH: (Month) August (Day) 2, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 27, 1946

9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Balt., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Joseph Kellner

14. MOTHER'S MAIDEN NAME: Catherine Caroline Schenning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Hospital records, Rosewood St.Train.School

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bilateral Pneumonitis — Interval Between Onset And Death: 9 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c) Spastic quadriplegia following cerebral anoxemia and resultant cerebral degeneration. — 3 years

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954, to Aug. 2, 1954, that I last saw the deceased alive on Aug. 2, 1954, and that death occurred at 7:55 p.m., from the causes and on the date stated above.

SIGNATURE: Viola B. Johns — (Degree or title) M.D — ADDRESS: Rosewood State Training School — DATE SIGNED: 8-2-54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 8-5-54 — NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE CEM. — LOCATION (City, town, or county) (State): ELKRIDGE, MD.

DATE REC'D BY LOCAL REGISTRAR: 8-4-54 — REGISTRAR'S SIGNATURE: Paul Andrews — FUNERAL DIRECTOR: Charles J. Zeller — ADDRESS: 6704 Eastern Ave

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07262

CERTIFICATE OF DEATH

Reg. Dist. No. 4P

1 PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 54 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 922 E. Chase Street

3. NAME OF DECEASED: (Type or Print) (First) STEPHEN (Middle) L. (Last) KING

4. DATE OF DEATH: (Month) August (Day) 24 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-1-92

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED Fireman

10B KIND OF BUSINESS OR INDUSTRY: BALTO. CITY FIRE DEPT.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Stephen

14. MOTHER'S MAIDEN NAME: Mary Ann McNally

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 219-30-7413 Unknown

17. INFORMANT & ADDRESS. Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE SIGMOID COLON — INTERVAL BETWEEN ONSET AND DEATH: 10 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from July 1, 1954, to Aug. 24, 1954, ~~that I last saw the deceased~~ ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 8:05 P.M., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M.D.
ADDRESS M. D. VAH, FORT HOWARD, MARYLAND
DATE SIGNED 8-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-27-54
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-26-54
REGISTRAR'S SIGNATURE A. M. Hellen

24. FUNERAL DIRECTOR ADDRESS Walter J. Conklin, 2343 Harford Road, Baltimore, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

7110

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07263

Reg. Dist. No. 4/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk

LENGTH OF STAY (in this place): 2 weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 894 Mildred Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural give location): 2048 Druid Park Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Clyde (Last) Kisnick

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 1, 1891

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Barcellus Lee Wright

14. MOTHER'S MAIDEN NAME: Elizabeth Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Mrs. Robert Plate 2040 Druid Park Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Cerebral haemorrhage

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Arteriosclerosis

(c)

Interval Between Onset And Death: 2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Late Sires

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1953 to Aug., 1954 that I last saw the deceased alive on Aug. 20, 1954, and that death occurred at 3.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Edw. C. Harmon M.D. — ADDRESS: 4037 Falls Rd. — DATE SIGNED: 8/27/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 25, 1954 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore Co., Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-25-54 — REGISTRAR'S SIGNATURE: C W Adams

24. FUNERAL DIRECTOR — ADDRESS: Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

VS. A15

(Dr. Glassman)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07264

7275

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodmoor
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7309 Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodmoor
STREET ADDRESS (If rural, give location) 7309 Liberty Road

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) J. (Last) KLOHR

4. DATE OF DEATH: (Month) Aug (Day) 10 (Year) 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 31" 1869

9. AGE last birthday: 85 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Baltimore, Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Klohr

14. MOTHER'S MAIDEN NAME: Barbara Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Grover Mullineaux 7309 Liberty Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c) Coronary Sclerosis

INTERVAL BETWEEN ONSET AND DEATH: 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1954, to Aug 9, 1954, that I last saw the deceased alive on Aug 9, 1954, and that death occurred at 7.30 A.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thos J. Robertson M.D. ADDRESS 4509 Liberty Heights Ave. DATE SIGNED Aug. 11th., 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug. 13" 1954

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

LOCATION (City, town, or county) (State): Randallstown, Balto. Co. Md

DATE REC'D BY LOCAL REG.: 8-11-54

REGISTRAR'S SIGNATURE: A W Redmiles

24. FUNERAL DIRECTOR: Willis Amoray ADDRESS: 4510 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07265

7276

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 28 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 906 N. Broadway

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) KOMENDA (Last) (KOMANDER)

4. DATE OF DEATH: (Month) August (Day) 11 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Divorced

8. DATE OF BIRTH: 8-21-86

9. AGE last birthday 67 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Lord Balto. Hotel

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Komander - Komenda

14. MOTHER'S MAIDEN NAME: Barbara MN: Melihar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 216-07-3340

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hospital, Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE RECTUM — INTERVAL BETWEEN ONSET AND DEATH: 1 YEAR

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO CIRRHOSIS OF THE LIVER — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 8/3/54

19B. MAJOR FINDINGS OF OPERATION: Severe Cirrhosis of liver. Enlargement of liver and spleen Carcinoma of the rectum.

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY. 14, 19 54 to AUG. 11, 19 54 and that death occurred at 2:15A M, from the causes and on the date stated above.

SIGNATURE Joseph M. Miller — ADDRESS — DATE SIGNED

JOSEPH M. MILLER, M.D., Chief, Surgical Service, VAH, FORT HOWARD, MARYLAND 8-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 14, 1954 — NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-13-54 — REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, 2601-03 Madison St. Baltimore, Md.

Item 3: film G165a 8/13/54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07266

7277

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville 22
LENGTH OF STAY (in this place) 9 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS SpringGroveStateHospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Dundalk~~ Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 40 Township Rd.

3. NAME OF DECEASED: (Type or Print) (First) ~~Alias~~ (Middle) Estelle (Last) W. KUHNS

4. DATE OF DEATH: (Month) August (Day) 3, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Jan. 21, 1902

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housemaid

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME. Elmer Kuhns

14. MOTHER'S MAIDEN NAME: Ethelda Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Records- SpringGroveStateHospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Acute heart failure	24 hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Dehydration	1 week
	DUE TO (C) Ulcerative Colitis and Megacolon	unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1945, to Aug. 3, 1954, that I last saw the deceased alive on Aug. 2, 1954, and that death occurred at 2:00 AM, from the causes and on the date stated above.

SIGNATURE Ben Blackman M. D. ADDRESS SpringGroveStateHospital DATE SIGNED 8/3/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug. 6, 1954 | NAME OF CEMETERY OR CREMATORY Greenmount Cem. | LOCATION (City, town, or county) Cumberland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 8/4/54 | REGISTRAR'S SIGNATURE V. E. Harvey

24. FUNERAL DIRECTOR Louis Stein, Mgr. ADDRESS Cumberland, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

7278

CERTIFICATE OF DEATH

07267
Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: BALTIMORE
City or town: TOWSON
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 MOS.
Hospital, institution, or street address where death occurred: ARMACOST NURSING HOME
How long in hospital or institution? 3 MOS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD. County: —
City or town: BALTIMORE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2512 W. PRATT ST.
(If rural, give LOCATION)
2.(a) If veteran, name war: NO ✓

3.(a) FULL NAME: LOTZ - ANNA ELIZABETH

3.(b) Social Security Number: 212-34-4161

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

6.(b) Name of husband or wife: Jake Lotz
6.(c) If alive, give age: —

7. Birth date of deceased (mo., day, yr.): MAY 3, 1874

8. AGE:

Years	Months	Days	If less than one day
80	4	15	...hrs. ...min.

9. Birthplace: Germany ✓ (Town, county, and state)
10. Usual occupation: HOUSEWIFE — ✓
11. Industry or business: Church Worker.

FATHER
12. Name: George Stenglen
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Henry - Lotz
Address: 2512 W. Pratt St.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Sept 1-54 (month) (day) (year)
Cemetery or crematory: Western Cemetery
Location: Baltimore Md.
18. Funeral director: F. D. Wippert & Son
Address: 300 Eutaw Place
19. 8-31-1954 (Date rec'd by registrar) H W Hiken Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: AUG. 28 19 54 at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JUNE 15 19 54, to AUGUST 28 19 54
and that I last saw h... alive on AUG. 28 19 54

Immediate cause of death: ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE	10 YRS.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: William A. Peabody M.D.
M. D. or other
Address: Towson Date signed: 5-29-54

7191

07268
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film Group 2 [illegible]

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1927 FRAMES Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SAME
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) E. (Last) LUSSKY, JR

4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	—	10/12/1952	1 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
—	—	Md.	U.S.A.

13. FATHER'S NAME: HAROLD E. LUSSKY, SR.

14. MOTHER'S MAIDEN NAME: KATHERINE P. PEAHLEMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: — — —

17. INFORMANT & ADDRESS: H.E. LUSSKY, SR — SAME ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Interstitial pneumonitis	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple scars of brain

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Paul F. Gren M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/29/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	9/1/54	SPRING HILL	CHARLESTON, W. VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 29-1954	Wm. D. Kelly	Wilhelm Bros-Bradley, Dundalk, Md.	

VS. A15A - 5 - 53

AUG
U. S.

7279

07269

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3C

Item 14 Film C170 9-15-54 et

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5653 Old Frelerick Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville,
STREET ADDRESS (If rural, give location): 5653 Old Frederick Rd.

3. NAME OF DECEASED (Type or Print): (First) Anthony (Middle) E. (Last) Maczis, Sr.

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4--14--1888

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Shipwright

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Matthias Maczis

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-16-5489

17. INFORMANT AND ADDRESS: Joseph Maczis 5653 Old Frederick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, left lung — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible] 54

19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis of [illegible] Lung

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1954, to 8-16, 1954, that I last saw the deceased alive on 7-10, 1954, and that death occurred at 6.30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Stephen [illegible] Maczis MD Catonsville 8 Md 8-17-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-19-54
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md.

DATE REC'D BY LOCAL REG.: 8-18-54
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Thomas J. Kenny, Inc. 1600 Hollins St. Balto. 23. Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07270

7280

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 18 hours 10 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville
STREET ADDRESS (If rural give location) 122 Ridgely Road

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) A. (Last) MAHON

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 6-28-75

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X-Ray Tech.

10B. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): London, Ontario, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John M. Mahon

14. MOTHER'S MAIDEN NAME: Courtney Eldridge Threefoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-One

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) PYELONEPHRITIS, CHRONIC — 16 Months

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) BENIGN PROSTATE HYPERTROPHY — Unknown

(B) INFARCTION OF SIGMOID COLON — Unknown

(C) PULMONARY HYPOSTATIC CONGESTION — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 14, 1954 to Aug 15, 1954, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE O.B. COPE, M.D.

ADDRESS VAH, Fort Howard, Md.

DATE SIGNED 8/15/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug. 17, 1954

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS HOWARD BLIGHT FUNERAL HOME 6009 Harford Rd. Baltimore, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7281 CERTIFICATE OF DEATH

Reg. Dist. No. 07271

PLEASE WRITE PLAINLY. UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Carmella Maranto

2. DATE OF DEATH: August 24, 1954

3. PLACE OF DEATH: A Baltimore City, Maryland Towson

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Armacost Convalescent Home

c. Length of stay in Baltimore: Yrs. 96 years, Mos., Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1991 Glenhaven Rd.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 25
9. AGE (In years last Birthday): 81
If Under 1 Year: Months 11, Days 30
If under 24 Hours: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Italy

13. FATHER'S NAME: Gieuseppi Carnaggio

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Joseph Maranto
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma sigmoid Colon
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

INTERVAL BETWEEN ONSET AND DEATH: known 2 years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hypertensive Cardio Vascular Disease Arteriosclerosis

19A. DATE OF OPERATION: —
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED: —
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
20. AUTOPSY? YES ☐ NO ☒

22. I hereby certify that I attended the deceased from Nov. 9, 1953 to Aug. 24, 1954 that I last saw the deceased alive on Aug. 24, 1954 and that death occurred at 7:10 p m., from the causes and on the date stated above.

23. SIGNATURE: A. V. Harbold M. D.
23B. ADDRESS: 4706 Harford Road
23C. DATE SIGNED: Aug. 25, 1954

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 27-1954
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Old Frederick Rd Balto City

DATE RECEIVED BY LOCAL REGISTRAR: 9-26-54
REGISTRAR'S SIGNATURE: a. w. Harbold
25. FUNERAL DIRECTOR: Joseph Sasse Inc.
ADDRESS: 712-14 E. Northave

VS 150

7282

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07272

CERTIFICATE OF DEATH

Reg. Dist. No.

Item 9 F11mG169 9-3-54 et

1. PLACE OF DEATH: BALTO. COUNTY
COUNTY CATONSVILLE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (In this place) 2½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MD. COUNTY BALTO. CITY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 2824 WALBROOK AVENUE

3. NAME OF DECEASED: (Type or Print) (First) MARTIN (Middle) MARCKS (Last)

4. DATE OF DEATH. (Month) (Day) (Year) 8 - 15 - 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 12-10-1875

9. AGE last birthday 78 Yrs. 11 mos. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBER

10B. KIND OF BUSINESS OR INDUSTRY: CONTRACTING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM MARCKS

14. MOTHER'S MAIDEN NAME: AUGUSTA STARCKLOFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: CATHERINE CONNELLY

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ASCV Disease with myocardial

ANTECEDENT CAUSE (B) DUE TO infarction; antero-septal

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. possible carcinoma prostate

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28-, 1954, to 8-15-, 1954, that I last saw the deceased alive on 8-15-, 1954, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE David E. Edwards M. D. ADDRESS Spring Grove State Hosp. DATE SIGNED 8-15-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 8/18/54 | NAME OF CEMETERY OR CREMATORY CATHEDRAL | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR FAHEY & SONS ADDRESS 401 SOFFOLK Rd-18

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07273

7283 **CERTIFICATE OF DEATH**

Reg. Dist. No. 233

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rear of 114 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Rear of 114 Main St.

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) EMORY (Last) MARRIOTT

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov 11, 1889	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Clerk	Balto Housing Authority	Baltimore Md.	U. S. A.

13. FATHER'S NAME: Milton E. Marriott

14. MOTHER'S MAIDEN NAME: Ella Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	no.	220-03-6374	Addie E. Marriott Rear of 114 Main St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Intestinal Obstruction	11 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinoma of Large Bowel	2 1/2 yrs
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None	None.	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None.	None.	None.		

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None. M.		None

22. I hereby certify that I attended the deceased from Aug 30, 1954, to Aug 31, 1954, that I last saw the deceased alive on Aug 30, 1954, and that death occurred at 5:30 P. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
H. D. Caples	M. D.	Reisterstown, Md.	Sept 1 '54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Sept 3, 1954	London Park	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9-2-54	E. W. Hecht	John F. Teufel	5311 Edmondson Ave

Dec

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

7284 CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07274

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7900 Arbutus Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 7900 Arbutus Ave

3. NAME OF DECEASED (Type or Print): (First) Ralph (Middle) Eustace (Last) Maxwell

4. DATE OF DEATH: (Month) Aug (Day) 7 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: OCT. 3, 1896

9. AGE last birthday: 57 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BARBER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): NORRISTOWN PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WM H. MAXWELL

14. MOTHER'S MAIDEN NAME: ELIZABETH MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 213-03-5382

17. INFORMANT AND ADDRESS: MRS. K.E. MAXWELL ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation by hanging

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE Justin L. Hudson (Degree or title) M.D. DMI ADDRESS Towson Md. DATE SIGNED 8/7/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 8-10-1954 — NAME OF CEMETERY OR CREMATORY: MEMORIAL — LOCATION (City, town, or county): BALTO. CO. — (State): MD.

DATE REC'D BY LOCAL REG. 8/9/54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. — ADDRESS: 4905 YORK ROAD BALTO., MD

07275

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7285 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 53 Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9632 Mason Avenue X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
STREET ADDRESS (If rural give location) 9632 Mason Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mr. (Middle) Cornelius Arthur (Last) Mc Dowell

4. DATE OF DEATH: (Month) (Day) (Year) August 1, 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Mar. 2[illegible], 1885

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stone Mason

10B. KIND OF BUSINESS OR INDUSTRY: self erployed

11. BIRTHPLACE (State or foreign country): West Vriginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wallace Mc Dowell

14. MOTHER'S MAIDEN NAME: ~ Vanstovern

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ? (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Eugene P. Mc Dowell, 9632 Mason Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Carcinoma of the large Bowel, primary — INTERVAL BETWEEN ONSET AND DEATH: undetermined

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
~~DUE TO~~ ASSOCT (B) Endogenous Malnutrition & large bowel
DUE TO (C) obstruction.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Severe Arterio sclerotic Cardio vascular Disease — undetermined

19A. DATE OF OPERATION: ~

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 am 1 Aug, 1954, to 5 30 pm 1 Aug 1954, that I last saw the deceased alive on 1 Aug, 1954, and that death occurred at 5 20 p M, from the causes and on the date stated above.

SIGNATURE John C. Hyle — ADDRESS M. D. 7527 Belair Rd — DATE SIGNED 2 Aug 54

23. BURIAL, CREMATION REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 5, 1954 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Ponceverte, West Virginia

DATE REC'D BY LOCAL REGISTRAR 8-3-54 — REGISTRAR'S SIGNATURE A W Redmond R.

24. FUNERAL DIRECTOR — ADDRESS Leonard J. Ruck, 5305 HarfordRoad #14

Dr. John Hyle
7527 Belair Road
9-10

07276

7286 MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 641 Plymouth Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville Zone 29
STREET ADDRESS (If rural, give location): 641 Plymouth Rd.

3. NAME OF DECEASED (Type or Print): (First) Lettie (Middle) (Last) Mc Kean

4. DATE OF DEATH: (Month) August (Day) 16, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 25, 1880 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

73 yrs. (Last birthday)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Mc Kean

14. MOTHER'S MAIDEN NAME: Mary Springer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Allen J. Mc Kean 641 Plymouth Rd. Baltimore 29, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ....., 1950., to Aug. 16., 1954, that I last saw the deceased alive on June 14....., 1954., and that death occurred at 11:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John O. Mitchell M.D.
ADDRESS: 1 Mallow Hill Ave., Baltimore 29, Md.
DATE SIGNED: Aug. 16, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: August 19, '54
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John O. Mitchell & Sons Inc.
ADDRESS: 1900 Eutaw Place, Balto 17

7287 **MARYLAND STATE DEPARTMENT OF HEALTH** 07277

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Catonsville — LENGTH OF STAY in this place 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto Md
STREET ADDRESS (If rural, give location) 1117 N. Bentalou St

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Isabella (Last) Meyers
4. DATE OF DEATH: (Month) AUG. (Day) 1 (Year) 54
5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Sept 16 1885
9. AGE last birthday 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John P. Meyers
14. MOTHER'S MAIDEN NAME Isabella Luther
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Theo. Ratenkamp Supt Camfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Generalized Arterio Sclerosis	- 6 yrs.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	10 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. - Fracture of Rt. Hip (July-19-54) — - 2 wks.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 19 51, to Aug. 1, 19 54, that I last saw the deceased alive on Aug. 1, 19 54, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE: Earl L. Chambers (Degree or title) MD ADDRESS 4108 Liberty Hts. Balto Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Aug. 5, 54 — NAME OF CEMETERY OR CREMATORY Druid Hill — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 8-5-54 — REGISTRAR'S SIGNATURE — FUNERAL DIRECTOR Stul Allmang — ADDRESS 6067 Hanford Rd

07278

MARYLAND 7288 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baets — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5410 Addington Rd
STREET ADDRESS (If rural, give location) Catonsville

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C (Last) Mueller

4. DATE OF DEATH: (Month) (Day) (Year) 8 - 6 - 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct 5 1873

9. AGE last birthday: 80 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Augustus Miller

14. MOTHER'S MAIDEN NAME: Bertha E Phinis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs Wm Jones 5410 Addington Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Embolism	1 day
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	?
	(c) Hypertension	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25, 1949, to 8/6, 1954, that I last saw the deceased alive on 8/4, 1954, and that death occurred at 7:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L Kalzenberg M.D. — ADDRESS 5 Frederick & Augusta Ave — DATE SIGNED 8/8/54

25. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 8-9-54 — NAME OF CEMETERY OR CREMATORY Catholic — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 8/9/54 — REGISTRAR'S SIGNATURE T.E. Henry — 26. FUNERAL DIRECTOR Dingel & Talley — ADDRESS Catonsville Md

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7289 CERTIFICATE OF DEATH

Reg. Dist. No. 07279

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 3513 Oakmont Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A. (Last) MORGAN

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1954

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH: June 12, 1870 | 9. AGE last birthday: 84 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker | 10B. KIND OF BUSINESS OR INDUSTRY: at home | 11. BIRTHPLACE (State or foreign country): New York | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Harrison

14. MOTHER'S MAIDEN NAME: Margaret ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) none | (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Rees L. Morgan-702 Chapel Gate Lane

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Arteriosclerosis, gen. severe — Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to Aug 29, 1954 that I last saw the deceased alive on Aug 22, 1954 and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE Stephenson Mapress M.D. ADDRESS Catonsville DATE SIGNED 8-30-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/1/54 | NAME OF CEMETERY OR CREMATORY Lorraine Park Cem. | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 8/31/54 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Wm. J. Tickner & Son | ADDRESS Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07280

7290 CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural) X
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton - (Rural)
STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LILA	S.	MORRIS	Aug	11	19 54

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	widow	Feb 4-1887	67 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Work.	Maryland	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Matthews	Annie Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		✓	Mrs Russell Wilhelm, Parkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Sigmoid — Interval Between Onset And Death: 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/19/53	Adenocarcinoma of Sigmoid	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 9, 1953, to Aug 10, 1954, that I last saw the deceased alive on Aug 9, 1954, and that death occurred at 7:45 A.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. N. Hoard	M.D.	Manchester Md	8/10/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 13-1954	Pine Grove	Balto Co	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-13-54	Mary B. Eline.	Edw C Tipton, Hampstead	Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

U.S. ...
AUG 17 ...
BUREAU ...

7291 Treas. Film Cl/Of 9-22-54 et

08249 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1632 Reisterstown Road 4924 Greenspring Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4924 Greenspring Ave

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) F. (Last) Mullen

4. DATE OF DEATH (Month) 8 (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 10-16-1920

9. AGE Last birthday: 33 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Laundry

11. BIRTHPLACE (State or foreign country): Malta Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Mullen

14. MOTHER'S MAIDEN NAME: Anna Becks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.: 213-12-4215

17. INFORMANT & ADDRESS: Jane E. Mullen - 4924 Greenspring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerosis	
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Lowe M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8-7-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial **DATE THEREOF** 8-8-54 **NAME OF CEMETERY OR CREMATORY** Balto. National **LOCATION** (City, town, or county) Balto. Md (State)

DATE REC'D BY LOCAL REG. 8-9-54 **REGISTRAR'S SIGNATURE**

24. FUNERAL DIRECTOR Francis H. Neubert **ADDRESS** Pikesville, Md

7292 MARYLAND STATE DEPARTMENT OF HEALTH 07281

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh; LENGTH OF STAY (In this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh; STREET ADDRESS (If rural give location) Red Lion Rd.

3. NAME OF DECEASED (Type or Print): (First) Frances (Middle) Teresa (Last) Mullen.

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 14 1893

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frank Hallemeyer.

14. MOTHER'S MAIDEN NAME: Anna Ruppert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Thelma Bauer (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	1 hr. +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes Mellitus	3 mos. +
X	(c) Arteriosclerosis	1 yr. +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis Rt. arm, Leg. — almost 3 mos.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 14, 1954, to Aug 10, 1954, that I last saw the deceased alive on Aug. 2, 1954, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isabel H. McClinton M.D. Bel Air Rd. Kingsville, Md. Aug 10/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Aug 13-1954

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): 4430 Belair Rd Balto. Maryland

DATE REC'D BY LOCAL REG. 8-11-54

REGISTRAR'S SIGNATURE: A W Hirsch

24. FUNERAL DIRECTOR: Joseph Fance Inc. ADDRESS: 712-14 E. North Ave

1

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07282

7293 CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard X
LENGTH OF STAY (In this place) 13 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 2834 Washington Boulevard

3. NAME OF DECEASED: (Type or Print) (First) LEWIS (Middle) P. (Last) MULLIGAN

4. DATE OF DEATH: (Month) August (Day) 16 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 9/29/79

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad work

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germantown, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) P. I.

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

ANTECEDENT CAUSE (S) (B) GENERALIZED ARTERIOSCLEROSIS — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Aug. 3, 1954, to Aug. 16, 1954, and that death occurred at 11:10 AM, from the causes and on the date stated above.

SIGNATURE F. G. Dickey — ADDRESS — DATE SIGNED

FRANCIS G. DICKEY, M.D. Chief, Medical Service, M.D. VAH, FORT HOWARD, MARYLAND 8-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 8-19-54

NAME OF CEMETERY OR CREMATORY Baltimore National

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-18-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Howard Blight Funeral Home — ADDRESS 6009 Harford Road, Baltimore 14, Md. Mildred G. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7294 **CERTIFICATE OF DEATH** Reg. Dist. No. 07283

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; LENGTH OF STAY (in this place) 10 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural give location) 1140 Cooksie Street, Baltimore 30, Md.

3. NAME OF DECEASED: (First) CHESTER (Middle) (UNK) (Last) NAGUSZEWSKI

4. DATE OF DEATH: (Month) August (Day) 29 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 8/10/84

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore

10B. KIND OF BUSINESS OR INDUSTRY: Steam Ship Co.

11. BIRTHPLACE (State or foreign country): Vazenky, Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Naguszewski

14. MOTHER'S MAIDEN NAME. Yvonne MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) CHRONIC HYPERTENSION WITH HYPERTENSIVE CARDIOVASCULAR DISEASE — 5 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 1 1954, to August 29 1954, that I last saw the deceased alive on [illegible] and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M.D. VA. FT. HOWARD, MARYLAND DATE SIGNED 8/29/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 9-1-54; NAME OF CEMETERY OR CREMATORY Holy Rosery Cemetery; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 8-29-54; REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Howard Blight Funeral Home; ADDRESS Mildred T. Blight 1109 Harford Road, Baltimore (4), Md.

Film #G169 Item # 5,6,7,
8/16/54 emf

7192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07284

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH — COUNTY: Baltimore Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Md. — MARYLAND — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7432 Harford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — STREET ADDRESS (If rural, give location): 2332 Oliver St

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) B. (Last) Miller

4. DATE OF DEATH: (Month) July (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 18, 1894

9. AGE last birthday: 59 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Conrad Wittpenn

14. MOTHER'S MAIDEN NAME: Louise Arnault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Mildred Miller, Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma left breast — Interval between onset and death:

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1954 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma with Metastases — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 53, to Aug 5, 54, that I last saw the deceased alive on July 6, 1954 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Lino Krauss (Degree or title) — ADDRESS: 4 Chase St — DATE SIGNED: Aug 6 1954

23. BURIAL, CREMATION or REMOVAL (Specify): Burial — DATE THEREOF: 8-9-54 — NAME OF CEMETERY OR CREMATORY: Dulaney Valley Mem. Park — LOCATION (City, town, or county): Towson — (State): Md.

DATE REC'D BY LOCAL REG. 8-9-54 — REGISTRAR'S SIGNATURE: A. W. Hedrick — 24. FUNERAL DIRECTOR: John F. Mitchell — ADDRESS: 2411 E. Oliver St

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07285

7295 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Raspeburg | LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4715 Kenwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Raspeburg
STREET ADDRESS (If rural give location) 4715 Kenwood Ave

3. NAME OF DECEASED: (First) Carroll (Middle) A. (Last) Ningard
4. DATE OF DEATH: (Month) Aug (Day) 17 (Year) 1954

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Aug 29 1890 | 9. AGE last birthday: 63 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service | 10B. KIND OF BUSINESS OR INDUSTRY: Dressograph | 11. BIRTHPLACE (State or foreign country): Balto. | 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Arthur C. Ningard | 14. MOTHER'S MAIDEN NAME: Virginia Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 216-01-6551 | 17. INFORMANT & ADDRESS: Mary P. Ningard 4715 Kenwood Ave

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: C | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 53 to Aug 17, 19 54, that I last saw the deceased alive on Aug 16, 19 54, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED Aug 20-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF Aug 20-54 | NAME OF CEMETERY OR CREMATORY: Cathedral Cem | LOCATION (City, town, or county) (State): Frederick Rd Balto.

DATE REC'D BY LOCAL REGISTRAR: August 21st 1954 | REGISTRAR'S SIGNATURE: R. W. | 24. FUNERAL DIRECTOR: Dugpiel Bros | ADDRESS: 7110 Belair Rd.

7296 MARYLAND STATE DEPARTMENT OF HEALTH 07286

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-53

1. PLACE OF DEATH:
County BALTIMORE
City or town Roland Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
1221 HILLDALE AVE.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County BALTIMORE
City or town Roland Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1221 HILLDALE AVE.
(If rural, give LOCATION)
2.(a) If veteran, name war... No

3.(a) FULL NAME JOSEPH F. NOVOTNY

3.(b) Social Security Number 215-05-0126

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of husband or wife MARIE G. (FINCK) NOVOTNY

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) NOV. 15, 1901

8. AGE: Years 52 | Months 9 | Days 7 | If less than one day ... hrs ... min.

9. Birthplace BALTIMORE CITY, MD.
(Town, county, and state)

10. Usual occupation EXAMINER

11. Industry or business NATIONAL CASKET CO.

FATHER 12. Name WILLIAM NOVOTNY
13. Birthplace

MOTHER 14. Maiden name MARY SRAMEK
15. Birthplace

16. Informant MRS. MARIE G. NOVOTNY
Address 1221 HILLDALE AVE.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 8-25-1954 (month) (day) (year)

Cemetery or crematory HOLY REDEEMER
Location BALTO. MD.

18. Funeral director J. Walter Conklin
Address 2343 HARFORD RD.

19. 8-24 1954 (Registered) C W Hadwin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 22 August 1954 19 5 at a.m. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 22 August 1954 19 to 22 August 1954 19
and that I last saw him alive on 22 August 1954 19

Immediate cause of death	DURATION
Myocardial Infarction	
due to coronary artery disease	
(Heart)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...

Autopsy results ...

PHYSICIAN. Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of ...
Where did injury occur? ... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE George D. Edwards M.D. M. D. or other
George D. Edwards,
Address 8019 Philadelphia Rd. Date signed 8/23/54

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07287

CERTIFICATE OF DEATH

Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard
LENGTH OF STAY this place) 113 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Ba...
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 2695 Dulaney St.

3. NAME OF DECEASED: (Type or Print) (First) TRAVIS (Middle) B. (Last) NUNNALLY

4. DATE OF DEATH (Month) August (Day) 22, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/2/14

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Army

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joe Nunnally

14. MOTHER'S MAIDEN NAME: Mabel Bomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO. unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GLOMERULONEPHRITIS, CHRONIC SEVERE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 1, 1954, to Aug. 22, 1954, that I last saw the deceased alive on [illegible] and that death occurred at 1:35 AM, from the causes and on the date stated above.

SIGNATURE GEORGE C. GODFREY, M. D. ADDRESS M D VAH, FORT HOWARD, MD. DATE SIGNED 8/22/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 8-24-54 NAME OF CEMETERY OR CREMATORY Baptist Church Yard LOCATION (City, town, or county) (State) Bogart, Clark Co., Georgia

DATE REC'D BY LOCAL REGISTRAR 8-23-54 REGISTRAR'S SIGNATURE A. W. Hahn

24. FUNERAL DIRECTOR Howard Blight Funeral Home ADDRESS 6009 Harford Road, Baltimore 14, Md. Howard Blight

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7298

CERTIFICATE OF DEATH

W.C.

07288

Reg. Dist. No.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. J. Emmett Queen

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Homeland X
LENGTH OF STAY (In this place) 30yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 213 Midhurst Road X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Homeland
STREET ADDRESS (If rural give location) 213 Midhurst Road

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Oberle (Last) Sr.

4. DATE OF DEATH: (Month) Aug. (Day) 19, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 1, 1887

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bank Executive

10b. KIND OF BUSINESS OR INDUSTRY: First Nat. of Balto.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Seraphin Oberle

14. MOTHER'S MAIDEN NAME: Sarah Kiviets

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Joseph Oberle Jr. 2019 Hillenwood Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-Vascular Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertension DUE TO

(c)

Interval Between Onset And Death: (a) 3 yrs. (b) 5 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. ,1950, to July, 1954 that I last saw the deceased alive on July 2, 1954, and that death occurred at 6.30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Emmett Queen M.D. ADDRESS Med. Arts Bldg-Balto. DATE SIGNED Aug 21, 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 23, 1954 NAME OF CEMETERY OR CREMATORY Cathedral Cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-21-54 REGISTRAR'S SIGNATURE B.W. ✓

24. FUNERAL DIRECTOR ADDRESS George J. Gonce 4001 Ritchie Hgwy.

VS. A15

07290

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7299 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: Baltimore COUNTY MARYLAND STATE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. Maryland STATE Pr. George's County COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn Heights
STREET ADDRESS (If rural give location) 6013 Pontiac Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Orton

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 19 54

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: Feb. 5, 1888 | 9. AGE last birthday 66 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): United States
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Orton
14. MOTHER'S MAIDEN NAME: Elizabeth Vay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE	(A) DUE TO	Cardiac Failure	2 days
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Myocardial Infarction	2 weeks
	(C)	Arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19 . , to , 19 . , that I last saw the deceased alive on ..... , 19... ., and that death occurred at 12:20 A.M, from the causes and on the date stated above.

SIGNATURE Ben Blackman M. D. ADDRESS Spring Grove Hospital DATE SIGNED 8/15/54

23. (BURIAL, CREMATION, REMOVAL (SPECIFY)) Removal | DATE THEREOF 8-18-54 | NAME OF CEMETERY OR CREMATORY Fort Lincoln | LOCATION (City, town, or county) (State) Colmar Manor, Pr. Geo. Co. Md.

DATE REC'D BY LOCAL REGISTRAR 8/15/54 | REGISTRAR'S SIGNATURE V. E. Harry | 24. FUNERAL DIRECTOR W. W. Chambers ADDRESS Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

RECEIVED
AUG 16 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07291

7300 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 109 Montrose Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville Md.
STREET ADDRESS (If rural give location): 109 Montrose Ave., Catonsville, Md.

3. NAME OF DECEASED: (Type or Print) (First) Theodosia (Middle) Robbins Pendleton (Last) Owens

4. DATE OF DEATH: (Month) Aug. (Day) 1, (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Female	White	Widow	Aug. 4, 1857	96 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore, Md.	U.S.A.

13. FATHER'S NAME: Henry Russell Robbins

14. MOTHER'S MAIDEN NAME: Mary Ellen Owings

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		None	Mrs. Eleanor P. Redifer 109 Montrose Ave. Catonsville, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Coronary thrombosis	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Arterio-Sclerotic Heart Disease	6 yrs?
	DUE TO (c) Sarcoma of skull	1½ yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2.14, 1949, to 8.1, 1954, that I last saw the deceased alive on 8.1, 1954, and that death occurred at 11 a.m. from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) — ADDRESS: [illegible] — DATE SIGNED: 8.2.54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 3, 1954	Loudon Park Cemetery	Baltimore Md.

DATE RECD BY LOCAL REGISTRAR: 8/2/54 — REGISTRAR'S SIGNATURE: V.E. Harry

24. FUNERAL DIRECTOR — ADDRESS: Easton Sons 608 Frederick Ave. Catonsville

VS. A15

RECEIVED
AUG 4
BUREAU V. S.

Film G169, Item 12, 8-23-54, et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7193 CERTIFICATE OF DEATH

Reg. Dist. No. 07292

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Dundalk
LENGTH OF STAY (in this place): 25 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2459 Fairway

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: /
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Dundalk
STREET ADDRESS (If rural give location): 2459 Fairway

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) PIERRELLI

4. DATE OF DEATH: (Month) (Day) (Year) August 16, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1897

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Tool maker

10b. KIND OF BUSINESS OR INDUSTRY: Aircraft

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ignatius Perrelli

14. MOTHER'S MAIDEN NAME: Catherine Vanenti

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ralph De Luca 235 Patapsco Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval between Onset And Death

Immediate cause (a) DUE TO: Coronary Occlusion — 15 Hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Hypertension Cardio-Vas. Dis. — 6 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION** /

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) / (CITY OR TOWN) / (COUNTY) / (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While At Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1954, to Aug 16, 1954, that I last saw the deceased alive on Aug 16, 1954, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): M D Davis M.D. — ADDRESS: Dundalk Md — DATE SIGNED: 8/17/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug. 19, 1954 — NAME OF CEMETERY OR CREMATORY: St. Stanislaus — LOCATION (City, town, or county) (State): Dundalk, Md.

DATE REC'D BY LOCAL REGISTRAR: aug. 18-1954 — REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR — ADDRESS: Ullrich Funeral Home 2112 Dundalk Ave.

VS. A15

RECEIVED
AUG 20 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7301 CERTIFICATE OF DEATH

Reg. Dist. No. 07293

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks; LENGTH OF STAY (in this place) life; HOSPITAL OR INSTITUTION OR STREET ADDRESS York Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sparks; STREET ADDRESS (If rural give location) York Rd

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) (Harry) (Last) Price

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1954

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: July 13 1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Storekeeper

10b. KIND OF BUSINESS OR INDUSTRY: owner

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm Henry Price

14. MOTHER'S MAIDEN NAME: Emma Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ?

17. INFORMANT & ADDRESS: Mr. Robert Price, Sparks, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary insufficiency — Interval Between Onset And Death: 4 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, generalized

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1954, to Aug. 15, 1954, that I last saw the deceased alive on Aug. 14, 1954, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Merrill (Degree or title) M.D. ADDRESS Towson 4, Md. DATE SIGNED 8-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 8-18-54; NAME OF CEMETERY OR CREMATORY Gunpowder Friends; LOCATION (City, town, or county) Sparks, Md. (State)

DATE REC'D BY LOCAL REGISTRAR August 17, 1954; REGISTRAR'S SIGNATURE Wm J. Whitcraft

24. FUNERAL DIRECTOR J. Scott Brooks; ADDRESS Sparks, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07294

7302 CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ellicott City X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaeffer Nursing Home 40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2745 W. Lafayette Ave.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) A. (Last) REED

4. DATE OF DEATH: (Month) Aug. (Day) 23, (Year) 1954

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed
8. DATE OF BIRTH: Aug. 14, 1887
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: - Warfield
14. MOTHER'S MAIDEN NAME: Caroline Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mrs. Helen Disney-2429 Brunswick Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Chronic Valvular Heart disease with
ANTECEDENT CAUSE (S) DUE TO Decompensation
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteria-sclerosis - Hypertension
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: (A) 20 yrs (B) 10 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1954, to Aug 23rd 1954, that I last saw the deceased alive on Aug 22, 1954., and that death occurred at 6:30 M, from the causes and on the date stated above.

SIGNATURE Joseph A Zierler M.D. ADDRESS 2318 Eutaw Place Balt 17 DATE SIGNED Aug 24th 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 8/26/54
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 8-24-54
REGISTRAR'S SIGNATURE: A. W. Helwig
24. FUNERAL DIRECTOR: Wm. J. Disney & Son
ADDRESS: Balto Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07295

CERTIFICATE OF DEATH

7303

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Heber Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 4 Heber Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) A. (Last) Rhinehart

4. DATE OF DEATH: (Month) Aug. (Day) 30 – (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 31 – 1859

9. AGE last birthday 95 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Balthazar Beyer

14. MOTHER'S MAIDEN NAME: Anna ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Wm. Reynolds 4 Heber Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease with DUE TO Congestive Failure — 10 years ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cerebral Hemorrhage DUE TO — 10 years ?

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 6-19....., 1954, to 8-23....., 1954, that I last saw the deceased alive on 8-23....., 1954, and that death occurred at 8.....m., from the causes and on the date stated above.

SIGNATURE Henry B. Smith (DEGREE OR TITLE) MD ADDRESS 413 Eastern Ave. Balto. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 1-54

NAME OF CEMETERY OR CREMATORY Trinity Cem.

LOCATION (City, town, or county) (State) O'Donnell St. Balto. Md.

DATE REC'D BY LOCAL REG. 8/31/54

REGISTRAR'S SIGNATURE Helen Thos E. Connelly

24. FUNERAL DIRECTOR ADDRESS Essex, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07296

7304

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 Dorsey Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 502 Dorsey Ave.

3. NAME OF DECEASED: (Type or Print) (First) Irving (Middle) L. (Last) Ricards

4. DATE OF DEATH: (Month) Aug. (Day) 19th (Year) 1954

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 8-1875

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 10 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman (Guard)

10b. KIND OF BUSINESS OR INDUSTRY: Balto. County

11. BIRTHPLACE (State or foreign country): Dorchester Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joshua Ricards

14. MOTHER'S MAIDEN NAME: Ellen ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Martha B. Ricards, Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardio-Vascular Renal Disease DUE TO — Interval Between Onset and Death: 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate

19a. DATE OF OPERATION: 7/6/54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to Aug 19....., 19 54, that I last saw the deceased alive on Aug 19....., 1954, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) James Hilts, M.D. ADDRESS 422 Easton Ave, Baltimore 2, Md. DATE SIGNED 8/20/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8/23/54

NAME OF CEMETERY OR CREMATORY Moreland P.K.

LOCATION (City, town, or county) Taylor Ave. (State) Md.

DATE REC'D BY LOCAL REG. 8-20-54

REGISTRAR'S SIGNATURE A.W. Hedrich dmr.

24. FUNERAL DIRECTOR John D Connelly ADDRESS Essex Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07297

7305 CERTIFICATE OF DEATH Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this ...) 110 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Linthicum Heights
STREET ADDRESS (If rural give location) 111 Homewood Road

3. NAME OF DECEASED: (Type or Print) (First) ETHEL (Middle) R. (Last) RIDER

4. DATE OF DEATH: (Month) August (Day) 5 (Year) 19 54

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/26/09

9. AGE last birthday: 44 yrs
IF UNDER 1 YEAR: Months ... Days ...
IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sr. Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Gas & Electric Co.

11. BIRTHPLACE (State or foreign country): Shipley, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George S. Rider

14. MOTHER'S MAIDEN NAME: Bessie C. Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 212-05-2926

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMATOSIS, GENERALIZED; SITE OF

ANTECEDENT CAUSE (S) ORIGIN - OVARY

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 17, 1 54, to Aug. 5, 19 54, that I last saw the deceased alive on ... and that death occurred at 9:30 A M from the causes and on the date stated above.

SIGNATURE F. G. Dickey

ADDRESS F. G. DICKEY, M.D., Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND

DATE SIGNED 8-5-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Aug 7 54

NAME OF CEMETERY OR CREMATORY Meadowridge Memorial

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 8-6-54

REGISTRAR'S SIGNATURE A. W. Hedrick

FUNERAL DIRECTOR William J. Pickett & Sons, Inc.

ADDRESS North & Pennsylvania Avenues, Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07298

7306 CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, LENGTH OF STAY (in this place) 55 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1102 Russell Street

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) (nmi) (Last) Roach

4. DATE OF DEATH (Month) (Day) (Year) August 22, 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 8-10-93

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Janitor

10B. KIND OF BUSINESS OR INDUSTRY: Bar - liquor

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Roach

14. MOTHER'S MAIDEN NAME: Cora McLain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-1

16. SOCIAL SECURITY NO. 215-01-7930

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) EPIDERMOID CARCINOMA OF ESOPHAGUS — INTERVAL BETWEEN ONSET AND DEATH: 9 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW OID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 28, 1954, to Aug. 22, 1954, ~~that I last saw the deceased~~ and that death occurred at 7:25 PM, from the causes and on the date stated above.

SIGNATURE Abraham Polachek, M.D. ADDRESS DATE SIGNED

ABRAHAM POLACHEK, M.D. Acting Chief, Medical Service VAH, Fort Howard, Maryland 8-23-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8/26/54 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Charles A. Rice [redacted] 661 W. Barre Street, Baltimore, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07299

7307

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6 Selfridge Road

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Rowland (Last)

4. DATE OF DEATH: (Month) 8 (Day) 19 (Year) 1954

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M.

8. DATE OF BIRTH: 2-20-1877

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ~~England~~ Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rowland

14. MOTHER'S MAIDEN NAME: Sarah Wool

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UnKnown. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. UnKnown.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Prostatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: UnKnown

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic Heart Disease — UnKnown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome assoc. with Senile Brain dis 1 year

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 9, 1953, to Aug. 19, 1954, that I last saw the deceased alive on Aug 19, 1954 and that death occurred at 1 15/a M, from the causes and on the date stated above.

SIGNATURE Frederick L. Philips M. D. ADDRESS Spring Grove Hosp. DATE SIGNED 8/19/54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Aug. 21. 54 — NAME OF CEMETERY OR CREMATORY Sacred Heart Rm. — LOCATION (City, town, or county) (State) Gunman Hill Rd.

DATE REC'D BY LOCAL REGISTRAR 8-20-54 — REGISTRAR'S SIGNATURE A. W. Hedrich

24. FUNERAL DIRECTOR Thos. F. Donnelly ADDRESS Essex, Md.

08264

MARYLAND 7308 STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard | LENGTH OF STAY (In this place) 57 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.
STREET ADDRESS (If rural, give location) 23 West Elm Avenue

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) D. (Last) RUSSELL

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-15-81

9. AGE last birthday: 73 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Russell

14. MOTHER'S MAIDEN NAME: Anna Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) MYOCARDIAL INFARCTION	3 DAYS
Antecedent cause(s) Due To		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC HEART DISEASE	21 MO.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIAL ASTHMA — 35 YRS.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1954, to August 30, 1954, ~~that I last saw the deceased~~ and that death occurred at 9:55 A.M. m., from the causes and on the date stated above.

SIGNATURE F.G. Dickey (Degree or title) ADDRESS DATE SIGNED
FRANCIS G. DICKEY, M.D. Chief, Medical Service, VAH, FORT HOWARD, MARYLAND 8-30-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 9/2/54 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REGISTRAR: Sept. 4-54 | REGISTRAR'S SIGNATURE: Doreen L. Harbin

24. FUNERAL DIRECTOR ADDRESS: Lassahn Funeral Home, 7401 Belair Road, Baltimore, Maryland

EO
SEP 10 1954
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07300

7309 CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-3—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 162 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1024 N. EUTAW STREET

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) RYAN

4. DATE OF DEATH: (Month) AUGUST (Day) 1 (Year) 19 54

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE MARRIED WIDOWED DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 3-17-77

9. AGE last birthday 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN W. RYAN

14. MOTHER'S MAIDEN NAME: HENRIETTA GRIFFIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) YES (If Yes, give WAR or dates of service) WAR

16. SOCIAL SECURITY NO. UNKNOWN

17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSPL FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) DIABETES MELLITUS; SENILITY — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ENCEPHALOMALACIA OF LEFT LENTRICULAR NUCLEUS UNKNOWN

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 20, 19 54, to AUG. 1, 19 54, ~~that I last saw the deceased~~ and that death occurred at 11:50 M, from the causes and on the date stated above.

~~SIGNATURE~~ WILLIAM D. VANDEGRIFT, M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 8-5-1954 — NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL — LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-3-54 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS ARLINGTON S. PHILLIPS FUNERAL HOME 1808 N. MONROE STREET, BALTIMORE 17, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07301

7310 CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 32 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Warwick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Newport News
STREET ADDRESS (If rural give location) 92 33rd Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W. (Last) SAMPLE

4. DATE OF DEATH: (Month) August (Day) 31 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 10-22-84

9. AGE last birthday 69 yrs IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Loan Co.

11. BIRTHPLACE (State or foreign country): Sweetwater, Tennessee

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas M. Sample

14. MOTHER'S MAIDEN NAME: Leatha Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 438-07-2184

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

161X

IMMEDIATE CAUSE (A) CARCINOMA OF LARYNX — INTERVAL BETWEEN ONSET AND DEATH: 9 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY occur?

22. I hereby certify that I attended the deceased from July 30, 1954, to Aug. 31, 1954, and that death occurred at 5:20 PM, from the causes and on the date stated above.

SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN: WILLIAM B. VANDEGRIFT, M.D. ADDRESS: M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED: 9-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF: 9-3-54 NAME OF CEMETERY OR CREMATORY: Baltimore National LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 9-2-54 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Howard Blight Funeral Home ADDRESS: 6009 Harford Road, Baltimore 14, Md. Howard Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07302

7311 CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 2536 W. Fairmount Ave

3. NAME OF DECEASED: (Type or Print) (First) EMILIE (Middle) (Last) SCHLAG

4. DATE OF DEATH: (Month) AUG (Day) 4 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb: 24 1880

9. AGE last birthday: 74 yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Sales-Lady

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Schlag

14. MOTHER'S MAIDEN NAME: Louise Hilbert

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: 213-09-7518W

17. INFORMANT & ADDRESS: Adolph Merghenn-4806 Colherine Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 8/4, 1954, that I last saw the deceased alive on 8/2, 1954, and that death occurred at 2:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Horace Laughlin, M.D. 4508 Edmondson Village 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 7-54
NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
LOCATION (City, town, or county) (State) Baltimore Maryland

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS
F. Blippert & Son.
F.B. WIPPERT & SON 1300 Eutaw Pl. 17

VS. A15

7312

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07303 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS SpringGroveStateHospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2666Oswego Ave.

3. NAME OF DECEASED: (Type or Print) (First) Milton (Middle) (Last) SCHREIBER

4. DATE OF DEATH (Month) Aug. (Day) 6, (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1906

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ? Frank Schreiber

14. MOTHER'S MAIDEN NAME: Rebecca —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Records-SpringGroveStateHospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Acute Coronary Infarction	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Hypertensive cardiovascular disease	years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY 21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21e. INJURY OCCURRED While at work ☐ Not while at work ☐ 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo M. Kieffer M. D. 1010 Leadenhall CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/6/54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF 8/8/54 NAME OF CEMETERY OR CREMATORY United Hebrew LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 8/6/54 REGISTRAR'S SIGNATURE V. E. Harris 24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

VS. A15A - 5 - 53

AUG
PUBLIC V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7313 CERTIFICATE OF DEATH

08278

Reg. Dist. No.

Items 8,9,FilmG170A 9-23-54 et

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
LENGTH OF STAY (in this place) 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Holbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural give location) Holbrook Road

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Irene (Last) Snyder

4. DATE OF DEATH: (Month) August (Day) 24, (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 29, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Allen

14. MOTHER'S MAIDEN NAME: ---------- Boyer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: Eldridge N. Snyder Randallstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Carcinoma of Colon

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1954, to Aug. 24, 1954 that I last saw the deceased alive on Aug. 23, 1954, and that death occurred at 3.15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown 8/24/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 26, 1954 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) (State) Baltimore Co., Maryland

DATE REC'D BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE ADDRESS

8/24/54 Wm. E. Martin

24. FUNERAL DIRECTOR Burgee Funeral Home 3631 Falls Road

Horace F. Burgee

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07304

7314

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD X
LENGTH OF STAY (in this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 1508 EUTAW PLACE

3. NAME OF DECEASED: (Type or Print) (First) SOLLY (Middle) (Last) SOMMERFELDT

4. DATE OF DEATH: (Month) AUGUST (Day) 2 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE
8. DATE OF BIRTH: 2-2-96
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOTEL BUSINESS
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): YONKERS, NEW YORK
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: MORRIS SOMMERFELDT
14. MOTHER'S MAIDEN NAME: JAHANNA SALINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) YES (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 214-22-6702
17. INFORMANT & ADDRESS: CLIN.REC.VET.ADM.HOSP.FT.HOWARD, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BRONCHIAL ASTHMA — UNKNOWN

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from JULY 27, 1954, to AUG. 2, 1954, that I last saw the deceased alive on [illegible], and that death occurred at 6:15A M, from the causes and on the date stated above.

SIGNATURE F. G. DICKEY, M.D., Chief, Medical Service M D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-2-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8-4-54
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-3-54
REGISTRAR'S SIGNATURE [signature]
NAME OF FUNERAL DIRECTOR HOWARD-BLIGHT FUNERAL HOME
ADDRESS 6009 HARFORD ROAD, BALTIMORE 14, MD.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07305

CERTIFICATE OF DEATH

7315 Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 35 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 Newburg Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 108 Newburg Avenue

3. NAME OF DECEASED: (Type or Print) (First) Daisy (Middle) (Last) Stagmer

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9-2-1879

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Scoggins

14. MOTHER'S MAIDEN NAME: Ella Hayne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Dr. Owen R. Stagmer 108 Newburg Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Paralysis agitans DUE TO — 5yrs +

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerotic cardiovascular disease DUE TO — 5 yrs +

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, 19 , to 14 Aug., 1954, that I last saw the deceased alive on 12 Aug., 1954, and that death occurred at 6.30 A.M., from the causes and on the date stated above.

SIGNATURE John Hebb Jr. (Degree or title) M.D. ADDRESS 1118 St Paul St. Balt. 2 Md DATE SIGNED 8-16-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 8-16-54

NAME OF CEMETERY OR CREMATORY Prospect Hill

LOCATION (City, town, or county) (State) Towson, Maryland

DATE REC'D BY LOCAL REGISTRAR 8/16/54

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR MacNab & Son ADDRESS Catonsville

RECEIVED
AUG 17 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07306

7316 CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River; LENGTH OF STAY (in this place) 3½ yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Md.; STREET ADDRESS (If rural give location) 2010 Ashland Ave.

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) (Last) STETKA

4. DATE OF DEATH (Month) August (Day) 14 (Year) 1954

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widower | 8. DATE OF BIRTH: August 10 1874 | 9. AGE last birthday 80 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired tailor | 10B. KIND OF BUSINESS OR INDUSTRY: Schwartz & Co. | 11. BIRTHPLACE (State or foreign country): Czechoslovakia | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: John Stetka | 14. MOTHER'S MAIDEN NAME: Frances Kliment

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO | 17. INFORMANT & ADDRESS: Emil Stetka, son, Box 62, Beach Dr. Middle River, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 x

IMMEDIATE CAUSE (A) DUE TO Acute Broncho-pneumonia.

ANTECEDENT CAUSE (B) DUE TO Partial Hemiplegia,

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: — | 19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to August 14, 1954, that I last saw the deceased alive on August 14, 1954, and that death occurred at 7 40 P.M., from the causes and on the date stated above.

SIGNATURE Wm. A. Rodgers M.D. ADDRESS 815 Eastern Ave. DATE SIGNED Aug. 14, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Aug. 17, 1954 | NAME OF CEMETERY OR CREMATORY Oak Hill Cem. | LOCATION (City, town, or county) (State) Horner's Lane, Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 8-16-54 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07307

7317

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay 22, Md.
LENGTH OF STAY (in this place) 2 mo., 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Relay Hill Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3710 W. Bay Ave

3. NAME OF DECEASED (Type or Print) (First) Louise (Middle) (Last) Strembel

4. DATE OF DEATH (Month) August (Day) 18 (Year) 1954

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Feb 1, 1876

9. AGE last birthday 78 yrs. If under 1 year: Months, Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Strembel

14. MOTHER'S MAIDEN NAME Dora Sieber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Carrie Thomas, 3710 W. Bay Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal obstruction — Interval between onset and death: 3-4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the caecum — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1954, to 8-18, 1954, that I last saw the deceased alive on 8-18, 1954, and that death occurred at 10:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify) Buried

DATE 8/20/54

NAME OF CEMETERY OR ~~CREMATORY~~ Moreland Park

LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. 8/18/54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm Cook, Inc.

ADDRESS 1217 St. Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07308

7318 CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mission Helpers Convent 1001 W. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 1001 W. Joppa Rd.

3. NAME OF DECEASED (Type or Print) (First) Sister M. Camillus (Middle) (Styslinger) (Last)

4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1954 19

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Nov. 7, 1881

9. AGE last birthday 72 yrs. If under 1 year Months Days; If under 24 hrs. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nun

10b. KIND OF BUSINESS OR INDUSTRY Convent

11. BIRTHPLACE (State or foreign country) U. S.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Styslinger

14. MOTHER'S MAIDEN NAME Mary Anna Shields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mission Helper Convent Records, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) CARCINOMA OF STOMACH — Interval Between Onset and Death: 8 MONTHS

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954, to Aug. 20, 1954, that I last saw the deceased alive on Aug. 20, 1954, and that death occurred at 8:00 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William A. Priesbury M.D. Timonium, Md. 8/21/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 23, 1954

NAME OF CEMETERY OR CREMATORY Convent Cemetery,

LOCATION (City, town, or county) (State) 1001 W. Joppa Rd. Towson, Md.

DATE REC'D BY LOCAL REG. August 21, 1954

REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR C. Vernon Lemmon

ADDRESS 4611 Park Heights Ave. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07309

CERTIFICATE OF DEATH

7319

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 75 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KINGSTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) R. (Last) THOMPSON

4. DATE OF DEATH (Month) AUGUST (Day) 10 (Year) 19 54

5. SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8 DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	SINGLE	6/15/14	40 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life even if retired):	10B KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
LABORER	SAW MILL	WARSAW, VIRGINIA	U. S. A.

13. FATHER'S NAME: LEWIS THOMPSON

14. MOTHER'S MAIDEN NAME: ESTELLE MAYDN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
YES WW II	213-18-5971	CLIN.REC.VET.ADM.HOSP., FORT HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	CARCINOMATOSIS - SITE UNDETERMINED	UNKNOWN
ANTECEDENT CAUSE (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

VA

22. I hereby certify that I attended the deceased from MAY 27, 1954, to AUG. 10, 1954, and that death occurred at 3:25 AM, from the causes and on the date stated above.

SIGNATURE M.D.	ADDRESS	DATE SIGNED
F. G. DICKEY, Chief, Medical Service	M. VAH, FORT HOWARD, MARYLAND	8-10-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-10-54	St. Mark Episcopal Church Cemetery	Kingston, Md.

DATE RECEIVED BY REGISTRAR 8-10-54 SIGNATURE OF REGISTRAR Lawson E. Parker

24. FUNERAL DIRECTOR ADDRESS
Howard Bright Funeral Home 6009 Harford Road, Baltimore 14, Md.
Mildred T. Bright

PICKED UP BY WILSON FUNERAL HOME, PRINCESS ANNE, MD.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

AUG 12

Film G169, Item 8, 8-24-54, et

Items 8 & 9 Film G169 7320 9-8-54 jst

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07310

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 21yr, 7mo, 25d
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mary Horstman Trotta

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 1 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8-2-1871/ 1881

9. AGE last birthday 72 82 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical nurse

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Horstman

14. MOTHER'S MAIDEN NAME: Catherine —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — Yrs.

DUE TO (C) Generalized arteriosclerosis — Yrs.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 8-1., 19 54 that I last saw the deceased alive on 8-1., 1954., and that death occurred at 6;25p M, from the causes and on the date stated above.

SIGNATURE Lowe Frances Woodward — ADDRESS M. D. Spring Grove State Hosp. — DATE SIGNED 8-1-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 8-3-54 — NAME OF CEMETERY OR CREMATORY Spring Grove State Hosp. — LOCATION (City, town, or county) (State) Catonsville 28, Md.

DATE REC'D BY LOCAL REGISTRAR 8/5/54 — REGISTRAR'S SIGNATURE V. E. Harvey

24. FUNERAL DIRECTOR — ADDRESS Spring Grove State Hospital

AUG 4
BUREAU V. S.

7321

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Register No. 07311

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 907 Weatherbee Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Towson; STREET ADDRESS (If rural, give location) 907 Weatherbee Road

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) THOMAS JAMES C. TURNBULL

4. DATE OF DEATH: (Month) (Day) (Year) August 25 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	12-20-10	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Accountant		Pa.	USA

13. FATHER'S NAME: William Turnbull

14. MOTHER'S MAIDEN NAME: Cassells (MARION)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	346-09-7864	Mrs. D. F. Baur 5114 Whitelord Rd Balto 12

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Atherosclerotic coronary artery disease	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred F. Baur M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 8/25/54

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 28/54	Lonaine Park	Woodlawn Balto Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-27-54	A W Hedrick	Henry W. Jenkins & Sons Co	4905 York Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07312

7322 CERTIFICATE OF DEATH Reg. Dist. No. 49

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 195 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 19 S. BROADWAY STREET (31)

3. NAME OF DECEASED: (Type or Print) (First) ALVIS (Middle) G. (Last) TURNER
4. DATE OF DEATH: (Month) AUGUST (Day) 23 (Year) 1954
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
8. DATE OF BIRTH: 7-4-07
9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10B. KIND OF BUSINESS OR INDUSTRY: GIBBS CO.
11. BIRTHPLACE (State or foreign country): STEWART, VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: RUFUS TURNER
14. MOTHER'S MAIDEN NAME: ETTA PLASTER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. 238-05-1015
17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF RIGHT LUNG — UNKNOWN
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 9, 1954, to AUG 23, 1954, [illegible] and that death occurred at 7:55 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] ADDRESS DATE SIGNED
WILLIAM B. VANDEGRIFT, M.D. M.D. VAH, FORT HOWARD, MARYLAND 8-25-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF 8-27-54
NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL
LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 8-26-54
REGISTRAR'S SIGNATURE A.W. [illegible]
24. FUNERAL DIRECTOR AND ADDRESS HOWARD BLIGHT FUNERAL HOME, Mildred T. Blight
6009 Harford Road, Baltimore 14, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND 7323 07313

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

M

MARGIN RESERVED FOR BINDING

I

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — LENGTH OF STAY (In this place) MARYLAND 72 Yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 Westminster Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown — STREET ADDRESS (If rural, give location) 135 Westminster Rd.

3. NAME OF DECEASED (Type or Print): (First) Standish (Middle) (Last) Uhler

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 28, 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: April 10 82

9. AGE last birthday: 72 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mailman

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Reisterstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Uhler

14. MOTHER'S MAIDEN NAME: Margaret Berryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) no

16. SOCIAL SECURITY No. 215 20 8036

17. INFORMANT AND ADDRESS: Margaret E. Uhler Reisterstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lungs — Interval between onset and death: 5 Months

Antecedent cause(s) (b) Carcinoma of stomach — 5 yrs

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: about 1-1-54 — 19b. MAJOR FINDINGS OF OPERATION: Gastric ulcer

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, 19..., to 8-28-54, 19..., that I last saw the deceased alive on 8-27-54, 19..., and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank S. Lahell M.D. Reisterstown Md 8-28-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/31/54 — NAME OF CEMETERY OR CREMATORY: Luthern Cemetery — LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE REC'D BY LOCAL REG. 8-30-54 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: J.F.Eline & Son's Reisterstown Md.

SEP 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07314

7324 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard; MARYLAND; LENGTH OF STAY (in this place) 9 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Anne Arundel; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis; STREET ADDRESS (If rural give location) 27 Larkins Street

3. NAME OF DECEASED: (First) HARRISON (Middle) (Buddy) (Last) WASHINGTON

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 12/4/10

9. AGE last birthday: 43 yrs; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver

10B. KIND OF BUSINESS OR INDUSTRY: Taxi Co.

11. BIRTHPLACE (State or foreign country): Pittsburgh, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clifford Washington

14. MOTHER'S MAIDEN NAME: Louise Toogood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 213-34-2128

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Vet.Hospital,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF THE LIVER — INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Aug. 1, 1954, to Aug. 10, 1954 [illegible] and that death occurred at 9:45 PM, from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 8-11-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 8-14-54 — NAME OF CEMETERY OR CREMATORY: Annapolis National — LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REGISTRAR: 8-16-54 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: William Reese Funeral Home, Annapolis, Md. — ADDRESS: 108 Washington Street

Film G169 Item# 6 8/20/54 emf 7325

07315

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: WATTS Road
COUNTY Balto. Co. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Owings Mills
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dolfield Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore Co.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Pikesville 8,
STREET ADDRESS (If rural, give location) 225 Church LANE

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Glenn (Last) Watts
4. DATE OF DEATH (Month) AUG. (Day) 11 (Year) 1954
5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: AUG. 16 1892
9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): BARBER
10b. KIND OF BUSINESS OR INDUSTRY: BARBER SHOP
11. BIRTHPLACE (State or foreign country): PENMAR, PA.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Lee WATTS
14. MOTHER'S MAIDEN NAME: LAURA Weirich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: EDITH ZIMMER WATTS - PIKESVILLE 8, Md 225 Church LANE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Crushed chest. — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Fracture of base of skull.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. No

19a. DATE OF OPERATION: None
19b. MAJOR FINDING OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Owings Mills (County) Baltimore (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 8/ 11, 54 10:20 M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Tractor over-turned and crushed him to death.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE J. D. Caples. M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 8/12/54

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF AUG 14, 1954
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville 8 Md

DATE REC'D BY LOCAL REG. 8-14-54
REGISTRAR'S SIGNATURE Mary B. Elliott.
24. FUNERAL DIRECTOR ADDRESS Frank H. Newell

VS. A15A - 5 - 53

AUG

Items 21f&22 Film G169 9-9-54 ams 7326
Cause death code Film G170 9-17-54 ams

07316

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 45

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 278 Holly Neck Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 278 Holly Neck Road

3. NAME OF DECEASED: (Type or Print) (First) FERDINAND (Middle) (Last) WEHR

4. DATE OF DEATH (Month) August (Day) 26, (Year) 19 54

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug 18 1893
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Yard Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Penn R R Co
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Dont Know
14. MOTHER'S MAIDEN NAME: Dont Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Caroline F Wehr 278 Holly Neck Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (INTERVAL BETWEEN ONSET AND DEATH)

Immediate cause (a) Carbon Monoxide poisoning
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Home
21c. (City or town) Essex (County) Baltimore (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY August 26, 1954
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Found in auto, engine running, garage doors closed.

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE R B Fisher
M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED August 27, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Aug 30/54
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem
LOCATION (City, town, or county) (State) Baltimore Co Md.
DATE REC'D BY LOCAL REG. 9/2/54
REGISTRAR'S SIGNATURE Enid Harley
24. FUNERAL DIRECTOR ADDRESS Ulrich Funeral Home 2112 Dundalk Ave

VS. A15A - 5 - 53

ah

If there is ever any question about the cause of death code on this certificate, refer to letter to Dr. Hedrich from Dr. Russell Fisher, dated August 31, 1954

7327 MARYLAND STATE DEPARTMENT OF HEALTH 07317

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
LENGTH OF STAY (in this place): 75
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenarm Rd Villa Maria

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
STREET ADDRESS (If rural, give location): Glenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Dymphna (Last) Whelan

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1954

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 11, 1869

9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Whelan

14. MOTHER'S MAIDEN NAME: Elisabeth Higgins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)..... Coronary occlusion. — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... Cardio vascular renal trouble — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Aug. 19, 1954, that I last saw the deceased alive on Aug. 12, 1954, and that death occurred at 10.20 A. m., from the causes and on the date stated above.

SIGNATURE: Sr. Mary Clara O'Donnell — (Degree or title) — ADDRESS: 7501 York Rd. Towson Md. — DATE SIGNED: 8-19-54

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: 8-21-54. — NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM. — LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON MD

DATE REC'D BY LOCAL REG.: 8-19-54 — REGISTRAR'S SIGNATURE: [illegible] Deputy

24. FUNERAL DIRECTOR: Charles J. Keller — ADDRESS: 901 S. CONKLING ST. BALTO. 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07318

7328 CERTIFICATE OF DEATH

Reg. Dist. No. 4F

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 131 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2003 Walbrook Avenue

3. NAME OF DECEASED: (First) HARVEY (Middle) (Last) WILLIAMS

4. DATE OF DEATH: (Month) August (Day) 13 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 8-9-15

9. AGE last birthday 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Ship Yard

11. BIRTHPLACE (State or foreign country): Detroit, Michigan

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Williams

14. MOTHER'S MAIDEN NAME: Josephine Cazort

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 384-07-4499

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) GLIOMA, TEMPORAL LOBE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4/9/54

19B. MAJOR FINDINGS OF OPERATION: Cerebral angiogram - Right frontotemporoparietal craniotomy Excision Rt.Temporal brain tumor.Findings:Temporal lobe tumor

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from April 4, 1954 to Aug. 13, 1954, and that death occurred at 7:55A.M. from the causes and on the date stated above.

SIGNATURE F. Dickey ADDRESS FRANCIS G. DICKEY, M.D. Chief, Medical Service M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 8-13-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF 8/14/1954

NAME OF CEMETERY OR CREMATORY Woodland Cemetery

LOCATION (City, town, or county) (State) Jackson, Michigan

DATE REC'D BY LOCAL REGISTRAR August 14, 1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore 17, Md.

SHIPPED TO: Arthur L. Hibler Funeral Home 206 Page Avenue, Jackson, Michigan

VS. A15 — 10-53

7329

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07319 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Reisterstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hanover Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Blair
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Altoona, Pa.
STREET ADDRESS (If rural, give location) R 7 D Duncansville

3. NAME OF DECEASED: (Type or Print) (First) GARY (Middle) D. (Last) WOLFE
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 1954

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: ~~Aug 29 1954~~ DEC 5 1946
9. AGE last birthday: 7 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): School.
10b. KIND OF BUSINESS OR INDUSTRY: School Child
11. BIRTHPLACE (State or foreign country): Altoona, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Wolfe
14. MOTHER'S MAIDEN NAME: Helen Querry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) no.
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S & ADDRESS: James Wolfe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Fractured Skull	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Fractures Jaw & Ribs.	
	DUE TO (c)	Lacerations of Forehead & Scalp	15 min.
		Struck by automobile.	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDING OF OPERATION: None.
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Highway
21c. (City or town) Reisterstown (County) Balto. (State) Md.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Aug 29 '54 5:45 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Struck by automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples Deputy Med. Exam. M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Aug 29 '54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Sept. 1, 1954
NAME OF CEMETERY OR CREMATORY Blair Memorial Park
LOCATION (City, town, or county) (State) Bellwood, Blair Co. Pa.

DATE REC'D BY LOCAL REG. 8-30-54
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR J. F. Eline & Sons, ADDRESS Reisterstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7330 CERTIFICATE OF DEATH

07320

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL) OR TOWN Owings Mills; MARYLAND LENGTH OF STAY (in this place) 2 mos 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 2614 Osage Avenue

3. NAME OF DECEASED: (First) Rena (Middle) (Last) Hurgel

4. DATE OF DEATH: (Month) Aug. (Day) 3 (Year) 19 54

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-8-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 8 Days 25; IF UNDER 24 HRS.: Hours 1 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Hurgel

14. MOTHER'S MAIDEN NAME: Sara Bendel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval Between Onset And Death: 30 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Congenital Heart Disease — since birth

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Microcephalic with numerous developmental anomalies — since birth

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 18, 19 54, to Aug. 3, 19 54, that I last saw the deceased alive on Aug 3, 19 54, and that death occurred at 5:50 P.M. from the causes and on the date stated above.

SIGNATURE: Viola B. Johns (Degree or title) M.D. ADDRESS: Rosewood State Training School DATE SIGNED: 8-3-54

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-4-54

NAME OF CEMETERY OR CREMATORY: Mt Carmel

LOCATION (City, town, or county): Balto (State): Md

DATE REC'D BY LOCAL REGISTRAR: 8/4/54

REGISTRAR'S SIGNATURE: C. W. Hebert Deputy

27. FUNERAL DIRECTOR: Jack Lewis Inc ADDRESS: 2100 Eutaw Pl

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7331 CERTIFICATE OF DEATH

Reg. Dist. No. 083074

1. PLACE OF DEATH:
COUNTY Baltimore 19 . MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Fort Howard . LENGTH OF STAY (in this place) life .
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut Ave !

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md . COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN nr
STREET ADDRESS (If rural give location) # 1.

3. NAME OF DECEASED: (First) Dorothy (Middle) May (Last) Yeatman
4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 1954

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Single	July 10, 1924	30 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
never done any work .		Edgemere . md	U.S.A.

13. FATHER'S NAME: William Clyde Yeatman
14. MOTHER'S MAIDEN NAME: Eva Anna Coates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no .	none	Eva Yeatman (mother) as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

O 48.4

Immediate cause (a) Virus infection (hyperpyrexia) DUE TO

Antecedent causes (b) Epilepsy . DUE TO
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(c)

Interval Between Onset And Death: 3 days / 14 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Moronic - result of child birth injury - life

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, to Aug 22, 1954, that I last saw the deceased alive on Aug 18, 1954 and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Louis A. Tallin	M.D.	6908 North & Rd Balto 19	8/22/54

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	8-25-54	BELAIR MEM.	BELAIR, MARYLAND

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 8. 54	Duncan L. Harbis	Walter Burke Bradley, Dundalk, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 10 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07321

7332

CERTIFICATE OF DEATH

Reg. Dist. No. K4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 402 E 27th Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) R (Last) YOUNG

4. DATE OF DEATH: (Month) August (Day) 15 (Year) 1954

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 2/1/96
9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenville, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Young
14. MOTHER'S MAIDEN NAME: Catherine McKee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 290 10 8126
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hos.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY ARTERY DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) (B) MYOCARDIAL INFARCTION — SEVERAL WEEKS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. EMPHYSEMA — UNKNOWN

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Aug 5, 1954, to Aug. 15, 1954, that [redacted] and that death occurred at 7:15 P M, from the causes and on the date stated above.

SIGNATURE J. J. NOLAN, M.D. — ADDRESS VAH, Fort Howard, Md. — DATE SIGNED 8-16-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 8-19-54
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 8/18/54
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS HOWARD BLIGHT FUNERAL HOME Mildred F. Blight
6009 Harford Rd. Baltimore, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

7333

07322

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Padonia Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Norway COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) REIDAR (Middle) WILLIAM (Last) YTTERLAND

4. DATE OF DEATH (Month) Aug. (Day) 1 (Year) 19 54

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 8, 1934

9. AGE last birthday: 19 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? Norway

13. FATHER'S NAME: Johan H. J. Ytterland

14. MOTHER'S MAIDEN NAME: Enna S. Skogn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Restland, 233 East 21st Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 21

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY quarry

21c. (City or town) Texas (County) Baltimore (State) Md.

21d. TIME OF INJURY (Month) 8/1/54 (Day) (Year) (Hour) 1:00 PM.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Slid off edge of quarry and drowned

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R S Frolen M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 8/4/54

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF 8/6/54

NAME OF CEMETERY OR CREMATORY Green Mount Crematory

LOCATION (City, town, or county) Baltimore, (State) Maryland

DATE REC'D BY LOCAL REG. 8-5-54

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook Jr.

ADDRESS 1217 St. Paul Street

VS. A15A - 5 - 53